TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 funeral director. 2R: After this certificate has been signed by the ottending physician and completely filled in by the coched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 rs after death. the registror prior to burial, crematian, or removal, and in any event within 72 ha the hospital or attending physicion.

TO FUNERAL DIP.

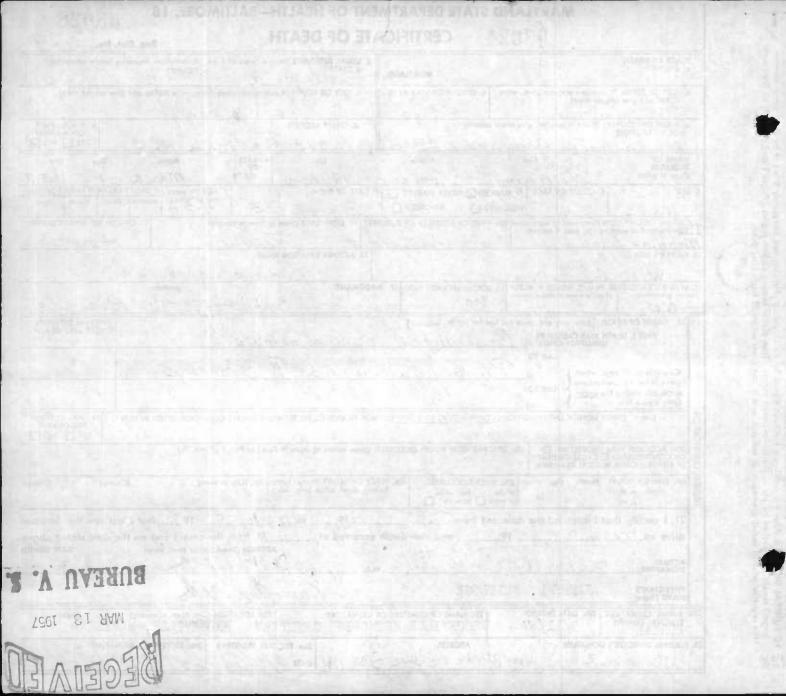
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03024

CERTIFICATE OF DEATH

03026 st. No. 223 Reg. Dist. No.

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where decease		e before admission)
	Montgomery	MARYLAND	o. STATE Mary land	b. COUNTY	TGOMERI
	b. CITY OR TOWN (If outside corporate /mits, w RURAL and give nearest tawn)	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carps	prote limits, write RURAL and g	ive nearest lown)
	Takema Park	5 days	Silver 5	ORING	
	d. NAME OF HOSPITAL (If not in hospital, give : OR INSTITUTION	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washington Jan	Harium & Hospill	1 10313 Tack	man Rd	YES NO A
3.	NAME OF DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
	(Type or print) ////av	n (seurge	Allen DEATH	March	8 1957
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	1 4 1 4 1 1	YEAR IF UNDER 24 HRS.
	Male w wi	DOWED DIVORCED	8-26-13	ost birthdoy) Months	Days Hours Min.
T.	USUAL OCCUPATION (Give kind of wark done Muring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of	country) 12. CITI	ZEN OF WHAT COUNTRY
1	Pachine Supervisor	Homer. SeruniTy+TI	RUIT IEN	V .	Amer
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	W/11 G F110n		Lennie	Nohuson	
	WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Address	
(Y	s, no. or unknown) (If yes, give wor or dates of service	Yes Wa	ashinoTan Sav. 4	HOSPITAL 1	Pecords
	18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).]	0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Generalized	Carcinomatosis		ONSET AND DEATH
	DUE TO		2 2		
	Canditions if any which)	Primary Cox	inome of RBI	mahue	
	gove rise to immediate	, mary con	7700.14 8 4 1 1 6 7	0	
	cosse (o), stating the under-				
7	lying cause tost. (c)				1
10 10 10 10 10 10 10 10 10 10 10 10 10 1	PART II. OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	PERFORMED?
15					YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING 20h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	rt 11 af item 18.)	
1 A		20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (Cit	to the sale of the	40.13
18	Haur o. m.	While _ Not while _	ctary, street, office bldg., etc.)	y or town) (C	ounty) (Stote)
MEDI		ot wark a ot work			
	21. I certify that I attended the de	eceased from July	, 1951, 10 March	8 195 1 that 1 le	ast saw the deceased
Н	alive on March 7	1957 and they death	accurred at 130 A M, fra		
			•	Street, city or town, state)	DATE SIGNE
	ACTUAL SIGNATURE (James M)	Coto y lief	M.D. 770/ (8m1	The	7-8-529
	PHYSICIAN'S JAMES M. W	HITLOCK	- Takamelask	nd	/
22	BURIAL CREMATION, 22b. DATE THEREOF 3/11/57	BROOKVILLE MET	CR CREMATORY 22d. LOCAL CHODIST CEMETERY	BROOKVILLE, MA	(Stote) RYLAND
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. RECID BY REGIS	TRAR 246 PEGISTRAR'S SIG	NATURE /
	110000 E. Wum	willow Silver	3/01/2 Jul 201 3/11/5	7 // Allin	nNEZM



director, iled with filed haurs Hending d by burial-transit OC) OR: det 00 FUNER 3 0

VS A15 (4) 15M 9/55

H

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) South Carolina o. COUNTY b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Bethesda 2 days Easlev d. NAME OF HOSPITAL (If not in hospital time street address enter. d STREET ADDRESS e. IS RESIDENCE ON A FARM? National Institutes of Health, Bethesda, Md YES NO TO Route # 3. NAME OF 4. DATE Month Year OF DEATH Thomas Lee Atkinson March (Type ar print) 19 19 57 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 28 yrs. Months Days Male White WIDOWED [7] DIVORCED T 30 May 1928 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Canteen Worker Food Dispensing South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William L.Atkinson Annie Carnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Record, Adrinical Center, (Yes No 247-36-5220 National Institutes of Mealth, Bethesda 14, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which (6) gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour a.m. Not while of wark of wark , 1957, to 19 March 21. I certify that I attended the deceased fram 17 March ... 1957. that I last saw the deceased , and that death accurred at 11.15PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL Mp The Clinical Center National Institutes of Health Edward G. Biglieri PHYSICIÁN'S NAME (Type) Bethesda, ll. Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) hipment Easley Cemetery Easlev South Carolina 23. EUNERAL DIRECTORY SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

and mand common and another state of the sta PERMIT DESCRIPTION OF THE PROPERTY OF THE PROP THE MESSE OF WINES IN SECURITION IN COLUMN

BUREAU V.

TELL DE AAM

BECENAED

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4

may be retained by the hospital or ottending physician.

TO FUNERAL DIT OR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should a detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event withfir 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03058 CERTIFICATE OF DEATH

03028 eg. Dist. No. 2/6

									11091		- ,
1. PLACE OF DEATH a. COUNTY	Montgome	ry	MARY	LAND	2. USUAL RESIDEN	oce (When	re decease	d lived. If instituti b. COUNTY	Anne	Arun	del
b. CITY OR TOWN (IF RURAL ond give ner Bethesda		ts, write	c. LENGTH OF STAY			WN (If out		rate limits, write R	URAL ond	give neares	t tawn)
d. NAME OF HOSPITA OR INSTITUTION The Clini	At (If not in hospital, g	, Bet	hesda 14,	Md.	d. STREET ADD		reet	address			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fir De	lla	Middle Virgi	nia	Bailey		4. DATE OF DEATH	Mar M	arch	Day 27	Year 19 57
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE		8. DATE OF BIRTH December	23,	1885	9. AGE (In years last birthday) 71 yrs.	IF UNDER	1 YEAR IF	UNDER 24 HRS.
100. USUAL OCCUPATIO during most of worki Clerk	N (Give kind of work on g life, even if retired	lane 10b.	kind of Business of unknown	RINDU		E (State of		ountry)		U.S.A	VHAT COUNTRY
13. FATHER'S NAME Richard R	oberts				14 MOTHER'S MA		ME thane	у			
15. WAS DECEASED EVER (Yes, no, or unknown) (I	IN U. S. ARMED FOR f yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		NFORMANTThe ne Clinica	-				Mary	land
PART I. DEAT	TH [Enter only one co H WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	0	e for (a), (b), and (c).]		931 1						AL BETWEEN AND DEATH
Conditions, if an gave rise to im couse (o), stoting I lying cause last.	he under- DUE TO	m	retalitation	·······································	alval	Cia	- May	percala	mid		
CATIO	4		ONTRIBUTING TO DEA					E CONDITION GIV	EN IN PAR	P	PERFORMED?
	S'UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRE	D. (Enter nature of in	njury in Pa	rt I ar Par	II of item 18.)			
20c. TIME OF INJURY Hour e. m. p. m.	Manth, Day, Yes	While	NJURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Han stary, street, office bl	me, farm, ldg., etc.)	20f. (City	ar tawn)	((Caunty)	(State)
alive an Ma	reh 27. mai l	_, 12.5 UCC	Eman		M.D. The	Clinional	M, from DDRESS (SI ical Inst	reel, city or town, Center itutes o	and an t	he date	the decease stated above DATE SIGNE 3/28/57
220. BURIAL, CREMATION REMOVAL (Specify)	omas Waldm		22c. NAME OF CEME	TERY O				Maryland TON (City, town,	or county)		(State)
23. FUNERAL DIRECTOR'S	SIGNATURE PLOTO	0/5	ADDRESS Sun	من	Mol- B	6. REC'D	BY REGIST	RAR 246. REGOV 1957 De	STRAR'S SIG	GNATURE Thon	psons

THE REPORT OF THE PARTY OF THE			
Serman some			memogaraell
			Je hasca
		Jechodos 1n, Ho.	The Glimbel Senter,
Sec. 27, 16			
	onceber 23, 1835		stiff sleen
N 4 6			
	TempleSomeT		signed and the following
brief groß de de	Clanical Forest Paths	s LZ	
7961 8 APA	Kirmin ya Estandari Mareka		
BECEINE			

公司公司公司の日本

7-6

I

0	3	0	5	9
V	U	V	9	v

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03029

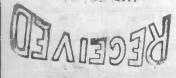
Reg.		

1.	PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	O. STATE TATE OF		Montgomery
	b. CITY OR TOWN jif outside corporate limits, write RURAL and give nearest town; Rural- Rockville	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	ockville	RURAL and give neorest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	OCKVIIIC	IS RESIDENCE
	Swains Lock Road	and the second	Swains Lo	ock Road	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) JOHN	Middle WILLIAM	BAKER	4. DATE Month Of DEATH March	Day Year 22. 1957
5.	N/Colo White	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 25, 188	9. AGE (in years lost birthday) 73 yrs.	IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done and during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
1	Ret- Excuvator	Self Emp.	Washingto		US
) ['3			14. MOTHER'S MAIDEN I		
-	William Baker		Unknown	1	
(1)	is, No. or unknown) No		Informant Irs Nellie Ba	ker-Item# 2	
	18. CAUSE OF DEATH [Enter only one cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	line for (o), (b), ond (c).] Coronary Occlu	sion		INTERVAL BETWEEN ONSET AND DEATH Sudden
TION	Conditions, if eny, which gove rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITION	S <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	inal disease condition Givi	PERFORMED?
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Por	t I or Port II of item 18.)	YES NOXEX
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2 Hour o. m. 19 o	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm story, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
	21. I certify that I taak charge af the death resulted from: Natural cause	FV9	ove, held an Autops icide, Hamicide		
	ACTUAL SIGNATURE FRANKS	morbait	M.D. CHIEF MEDICAL EX		DATE SIGNED
	EXAMINER'S Frank J Bro		DEPUTY MEDICAL		3/23/57
220	BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, Iown, o	or county) (Slote)
E 23	Surial 3/25/57	ADDRESS	ls Cemetery		Maryl and STRAR'S SIGNATURE
1	obert A. Pumphrey		aryland DATE	1- /	ell fra Jan
	1			- ye	Peel E.C.

VS. A1SME(S) 5M 9/55

MEDICAL EXAMINER'S DERTINGATE OF DEATH

Visitios Trom	Donivation between		gramouno
	OxiaVN do Felimbri		5 I P. 3.50 I - 15 6
			Nao1 2001 2010
(2.1.1.	TALLAN MARK	1 1 1	ARCE TO
111	eshiri on,	, and the	TOTOVICOR - P
	nwon.nu		relia Belee
	s S tagai-rexall silley-eigh	I) A	
			The same of
			Call Section (Charles)
BUREAU V.		Theorem Allen	Call Science of Charles I



Year

19 57

NO P

(State)

DATE SIGNED

1SM 9/SS

CERTIFICATE OF DEATH

THE PARTY OF THE P

ELDATE STREET DAY STREET BY THE STREET STREET

A CHE CONTROL OF THE CONTROL OF THE

BUREAU V. 2

TEGI SS AAM

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

steorage .tc. ... CREEK E. LANCE Era T. Desta Day, Mineray/ac . Signification of the control of th 7561 61 AAN Tour In the state of the state The second secon

EXAMINER: This

MEDICAL

DEPUTY

7430 11 X V 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. B.

haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BECEINE

BUREAU V. S. 1261 OF AMI

. . . .

Supply every item of information

IN IN	I DISEASES OR CONDITIONS DIREC
ERV AD	IMMEDIATE CAUSE
RESERVEI UNFADING	ANTECEDENT CAUSE (S)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
O H	
MAR AINLY, W important.	II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN
M. PLAINLY, lly importa	19A. DATE OF OPERATION: 19B. MA
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
≥ ∞	21D. TIME (Month) (Day) (Year) (Ho OF INJURY
OR e is	22. I hereby certify that I attende
- 10 - 53 SE TYPE correct ag	alive on March 28, 1957
S. A15—1 PLEASE	23. BURIAL CREMATION, DATE THE ROMOVAL (SPECIEV) 3-3.
vs. J	DATE REC'D BY LOCAL REGISTER

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03034
	03064 CERTIFICATE OF DEATH Reg. Dist	. No.
. CIOI	1. PLACE OF DEATH: 12. USUAL RESIDENCE (HOME) OF DECEASE	D:
dar nur	COUNTY CITY (If outside corporat limits, write RURAL OR and give nearest twen) TOWN Silver Spring MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL OR	and give nearest town)
early	HOSPITAL OR STREET ADDRESS (If rural give heation)	
Saul C	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: (Type or Print) 7 MAR B But 1 DEATH: 3	Day) (Year)
70 0	(Specify): July 9	YEAR IF UNDER 24 HRF. Days Hours Min.
canso	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retred to the construction have your War hours of working life. even if retred to the construction have your War hours of the construction of t	CITIZEN OF WHAT
2	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Unknown	9 (+
MIM	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	- Hally
dails. pica	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DUE TO OUT	INTERVAL BETWEEN ONSET AND CEATH
ruysid.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (B) (C)	Saffrox 20 yrs
or calle	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
y map	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
recial!	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Coun	ty) (State)
13 63	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
age 10	22. I hereby certify that I attended the deceased from Aug., 1935, to Murch, 1957, that I last alive on March 28, 1957, and that death occurred at 1. 40 AM. from the causes and on the date SIGNATURE.	stated above.
Corr	23. BURPAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Lown, or ROMOVAL (SPECIEV) 3-30-57 Cedar Hell Scittana	herch 28,57 recounty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AND FUNERAL DIRECTOR HOME 46	ADDRESS Clue

BECEINED

7861 △ A9A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

03035

Reg. Dist. No. 216

1	1. PLACE OF DEATH o. COUNTY Mon	tgomery		MAI	RYLAND	2. USUAL RES	ENGI	AND	lived. If instituti b. COUNTY	on: Residen	ce before	odmissio	on)
	b. CITY OR TOWN (IF RURAL ond give new Sumner		ls, write	c. LENGTH OF STA	Y IN 1b	440	town (If a		ote limits, write R	URAL ond	give neare	st town)	/
	d. NAME OF HOSPITY OR INSTITUTION	ockmere I				d. STREET	ADDRESS	90X-	3			IS RESI	FARM?
	3. NAME OF DECEASED (Type or print)	Fir ELAINE		Midd atilda	le	BROOKE		4. DATE OF DEATH	Ma:		Day		eor 957
	5. SEX Female		7	IED NEVER MARI		8. DATE OF BIRT	TH		7. AGE (In years lost birthdoy)	Months 3	1 YEAR IF	-	
	10o. USUAL OCCUPATIO during most of working Housew	ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS			or foreign con		12. CIT	Eng.		COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S							
1	George Au	gust Werr	ner	vonPirch			Susan	Hill					
	15. WAS DECEASED EVER			SOCIAL SECURITY N	O. 17. II	NFORMANT			Add	ress Ite	em #	7	
	(Yes, no, or unknown) (1	f yes, give wor or dates of s		None	El	aine M	. vonT	empel	hoff	100	3111 77	<u>.</u> .	
		TH [Enter only one co 'H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	for (o), (b), and (o)	holis	ne	i lla	1. 4 X	1			AND I	
	gove rise to in couse (o), stoting t lying couse lost.	mediate (DUE TO)	ONTRIBUTING TO D						'FN IN PAD	T 160/19	WASA	UTOPSY
	STA STATE OF THE S		100									PERFOR	NO V
	O THE EITHER, NOTIFY	UNDERLYING UCAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE). (Enter nature o	of injury in I	Port I or Port	Il of item 18.)				
	ZOc. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	20d. It While of work	NJURY OCCURRED Not while of work	20e. PU	ACE OF INJURY office	(Home, farm te bldg., etc.	20f. (City o	or town)	(0	County)		(Stote)
	21. I certify the olive on Maus	of I attended the	decease , 19	ond the		occurred of	9.300	ADDRESS (Street	the causes of th	ond on the stote)	6, 6, 1	stoted DA	
	NAME (Type)	G. K.		DUSCHAK		202	5 Eye		N.W.,		ingt	on,	D.C.
	220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC)F	22c. NAME OF CE	METERY O	RCREMATORY		22d. LOCATI	ON (City, town,	or county)		(Stote)	
	Cremation		7	Cedar	Hill				ice Geo			ry	and
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGISTR		TRAR'S SIG	SNATURE	_	
	Robert A.	Pumphre	y	Rethes	da.	Maryla	PATE 3	25-57	7 1734	in So	In She	m	ken

TO HOSPITAL OR VS A15 (4) 15M 9/55

7261 38 AAM

State of the last time of the last of the









HOSPITAL VS A15 (4) 15M 9/55

BUREAU V. E.

7261 81 9AM



MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COUNTY Howard

PLACE OF DEATH

Montgomery

Page

uneral

requires that the death certificate be executed within 24 haurs after death. After this certificate has been signed by the ached far use as the burial-transit burial, cremation, or remaval, and hospital or attending physician. TO FUNERAL DIF TO HOSPITAL OR

VS A15 (4) 15M 9/55

b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 15	c. CITY O	R TOWN (If o	utside corpo	prote limits, write R	URAL ond	give ne	prest lown	1)
Olney	salesi lowny		8 days		Dayt	on /	3x22				
OR INSTITUTION	AL (If not in hospital, g		The state of the s		ADDRESS					e. IS RES	IDENCE FARM?
Montgomery C	ounty Gene	ral h	lospital, Incl	.						YES	NO D
3. NAME OF DECEASED (Type or print)	Goorg		Middle Nolan	Brown	teo.	4. DATE OF DEATH	Mon Ma	th reh	1.1		Year 1957
5. SEX	Georg		NEVER MARRIED	B. DATE OF BIL	TH.	DEATH					R 24 HRS.
Male	White	WIDOW			5,1876		9. AGE (In years lost birthdoy) 80 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND				country)	12. CI	TIZEN C	F WHAT	COUNTRY
Garage Atte	king life, even if refired)		-	aryland			1 1 1 2		USA	
13. FATHER'S NAME	JII GII O				'S MAIDEN N						
John H	.Brown				da N.A		on				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of s	2]	2-36-9960	Н	ospital	Reco	rd				
		use per li	ne for (o), (b), and (c).]	2 4						ERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	a	unte curdi	ac tar	lux				1 4 -	non	
420.1	DUE TO				11 1 -						
Conditions, if a	ny, which)	non	tweed infair	LY ()	lef-	un	mile		6	mn	red.
gave rise to i				- /				- 10			
lying couse lost.	(c	Coro	noty I know	2/500	lept 1	hrassi	Corona	7		7 da	45
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY RMED?
3											NO 🗌
G (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter nature	of injury in P	Port I or Por	t II of item 18.)				
\$ 20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e. I	LACE OF INJURY	(Home, form,	, 20f. (City	y or town)	((County)		(Stote)
20c. TIME OF INJUR Hour a. jr. p. m.	19	While of wor	TAOL MILLE	octory, street, off	ice bldg., etc.)					
21. I certify th	at I attended the	deceas	ed from / /	105	6 to 12	Tarel	11, 1957	7 that I	last s	nu tha	decease
alive on	11NTG 10	125	10	th occurred o	+2-25	A AA Soo	n the course	ا الكاللارد.	1031.30	aw the	decease
GIIVE OIL	0/			iii occorred d	المنتقلة	ADDRESS (S	treet, city or town,	ina an i	ne da		ATE SIGNE
ACTUAL SIGNATURE	huites ?	5,65	tivalue	M.D.							
PHYSICIANIS				<i>a</i> 2			,				
NAME (Type)	C. S. White	ker,	M. D.	Cla	rksvill	Le, Mo	1.		3	-11-	5'/
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote	e)
Burial	3-14-5	7	Providence	9		G]	Lenelg, Md				
23. FUNERAL DIRECTOR			ADDRESS		240. REC'E	BY REGIST	TRAR 24b. REGIS	TRAR'S SI	GNATU	RE	2 0
F.C. Higinb	othom, Ellic	cott	oity, Md		DATE	170	4	entre	.do	100	, Le
								KKE		- Ballo	a state

TARO-NULAGE SOLIES	BATRASHO SLAT	QUALITIES N	
HTARE OF BEATH	CERTIFICA		
		VI.ELO	on miles
Day ton			Chary
	Inel .Inten		
30 2 10 10 E	a market		
15,25		Harris agrical	0 (2)
Mar. Land		toot	
o		moor.	
House Line Report		ſ	
1			
TO SEPTIME		10-10	To the last
			Marine Transport
() diffred a displacement			
of street			
			I from
	Mary Land Mary Can Mary	And the second of the second o	Acres

VS A15 (4) 15M 9/SS

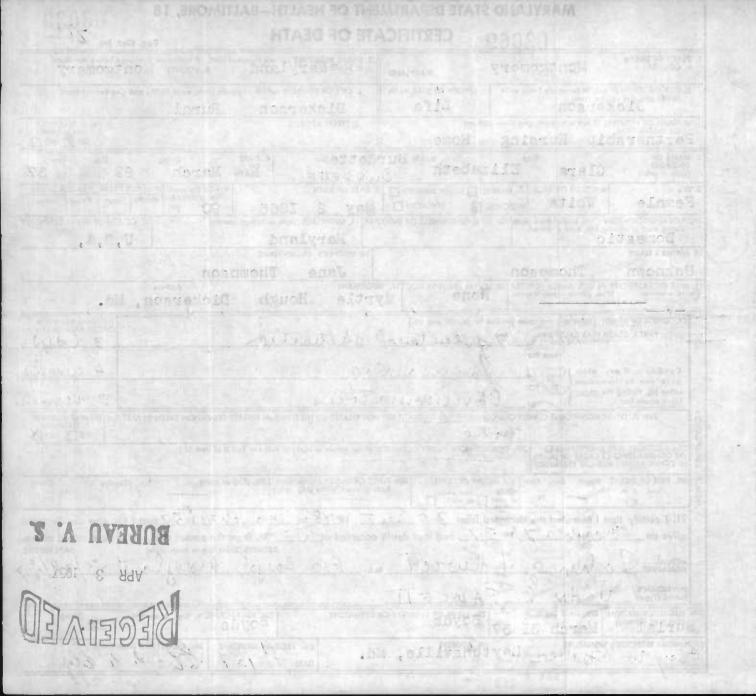
o P

poge



	.0.0		
	Washington	3 3 3 yes	Section 11, Payment
altropens,	escale applie 2012	theods 1h, Mt.	The Ulimies Darker, Bo
Burch 8	Just 28	Homsterion	mobalE) (Linkon
19	January 9, 1090		Nole Winkte
• 4. 1. U	# PintyriY	Transpoor of the party	marking the terms
	matrial aint		Hong Depart
Rothe ada 11, Margiand		41 370 - 01-872	
	Herey 72 I	January 2	and the second of the second
BUREAU V. 1957	The Citrical Co Mrticari Inelit Buthoude light	ense, m. v. Cechor Ail	

ATTENDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

* 'A OWING

NAM 25 1957

BECEIVED

maketon (morning constant

03070 CERTIFICATE OF DEATH

Reg. Dist. No. 2944

1. PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (o. STATE MARY	(Where decease LAND	ed lived. If instituti b. COUNTY			ssion)		
CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 56 SILVER SPRING							
SILVER SPRING	12 years								
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS					SIDENCE A FARM?		
805 KING STREET		805 KING	STREET				NO []		
3. NAME OF First DECEASED (Type or print) DANIEL JOHN CARR	Middle	Lost	4. DATE OF DEATH	MARCH 2		Day	Year 19 57		
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		-		
MALE WHITE WIDOWE	DIVORCED	OCTOBER 24,	1886	last, birthday) yrs.	Manths Do	ys Haurs	Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11, BIRTHPLACE (St	ate ar foreign	country)	12. CITIZE	N OF WHA	T COUNTRY		
during most af working life, even if retired) CLERK	EOPLES DRUG ST	ORES ROCKVII	LE. MA	RYLAND	U.	S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDE							
WILLIAM HENRY CARR		EMMA KLI	ENDTEN	ST					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress				
(Yes, no. or unknown) (If yes, give wor or dates of service)	N	IRS. MARY B.	CARR,	same as #	2				
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ARCINOMA	OF THE	PHAR	YNX		INTERVAL B	ETWEEN D DEATH		
1118X DUE TO				-		1			
Conditions (f any which)					12.164				
gave rise to immediate									
lying cause lost.									
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?		
	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Po	ert II af item 1B.)					
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While at work	_ Not while	LACE OF INJURY (Home, for actory, street, affice bldg.,	arm, 20f. (Cit etc.)	ry or tawn)	(Cou	nty)	(State)		
21. I certify that I attended the decease	ed from Oct	- 1948, to	ma	N. 195	7 that I las	t saw the	decease		
	, and that deat								
00-	/- , and mar dod.	ii occorrod dellile.		Street, city or town,			ATE SIGNE		
SIGNATURE Z. 13. Snow		M.D. 9013F	lowe	alve.		3/3	157		
PHYSICIAN'S L. B. SNOW		SILI	IER S	PRING	-, Ms	, i			
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCA	ATION (City, tawn,	or county)	(Sto	ite)		
BURIAL MARCH 6,1957	ST. MARY'S	CEMETERY	RO	CKVILLE,	MARYLA	ND			
23, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS STLVER SPRT		EC'D BY REGIS		STRAR'S SIGN	ATURE	2,0		

onerol director, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 44 D FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be tracked for use as the burial-transit permit. Then please remove-cachon papers. Pages 1 and 2 state registrar prior to burial, cremation, ar removal, and in any event within 72 Haurs after death. by the haspital ar attending physician. TO FUNERAL DIRE
page 3 should b VS A15 (4) 15M 9/55

M

00

CERTIFICATE OF BEATH

1 10 mm 1 10 mm 10 mm 10 mm 10 mm

Manufacture of the second of t

BUREAU V. S.

2561 4 AVVI

OBATE OF MED

uneral director, d be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

D FUNERAL DIRER: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer death.

by the haspital or attending physician.

TO FUNERAL DIRE

Reg. Dist. No.

1.	o. COUNTY	MONTGOMERY	MARYL	2. USUAL RESIDENCE (VO. STATE MARYLA		b. COUNTY	ONTGOM	ERY	non,
	RURAL and give r	If outside corporate limits, write learest town) PHESDA	c. LENGTH OF STAY II	E1	outside corporate SPRING	limits, write RI	URAL ond give	nearest town	n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree SUBURBAN HOSP		d. STREET ADDRESS 210 GRANVI	LLE DRIV	Æ .			IDENCE FARM?
	NAME OF DECEASED (Type or print)	JOHN First	Middle	CHRISTENSEN	4. DATE OF DEATH	MARCH		Day 4	Year 19 57
5.	MALE	6. COLOR OR RACE 7. MAI	RRIED MEVER MARRIED	MAY 75 700		AGE (In years lost buthday) yrs.	Months Da		ER 24 HRS. Min.
	during most of wo anager (re		T DUBLE I	Brand II. BIRTHPLACE (Store Pries, Inc. DE	te or foreign count	lry)		S.A.	COUNTR
13.	JENS CI	HRISTENSEN		14. MOTHER'S MAIDEN CHRISTIA	NA LARSE	N			
15. [Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	Mrs. Oda J. C	hristens	en, 210	Granv:	ille I	rive
	204,0	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (0), (b), and (c).]	nia, Lyr	nphoe	ytic		ONSET AND	DEATH
ATION	Conditions, if a gove rise to coese (a), stoting lying couse tost	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Duy, which immediate the under- (c)	fenker	TH BUT NOT RELATED TO THE TERM	mpholis MINAL DISEASE CO	ONDITION GIV		6 - S	AUTOPSY DRMED?
	Conditions, if gove rise to coese (o), stoting lying couse lost PART II. O1 200. ACCIDENT WOR CONTRIBUTION	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Duy, which the under: The under: HER SIGNIFICANT CONDITIONS	Lewker	nia, Lyr				6 - S	AUTOPSY
MEDICAL CERTIFICATION	Conditions, if gove rise to coese (o), stoting lying couse lost PART II. O1 200. ACCIDENT WOR CONTRIBUTION	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b) HER SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) DUE TO 20b. DE	CONTRIBUTING TO DEA' SCRIBE HOW INJURY OC INJURY OCCURRED Not while	TH BUT NOT RELATED TO THE TERM	n Port 1 or Port II o	of item 18.)		o) 19. WAS PERFC YES	AUTOPSY DRMED?
	Conditions, if gove rise to coese (o), stoting lying couse lost PART II. O1 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJUMEN	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Ony, which immediate (b) HER SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 20d. Whil	CONTRIBUTING TO DEA SCRIBE HOW INJURY OC INJURY OCCURRED Not white of work	TH BUT NOT RELATED TO THE TERM CCURRED. (Enter noture of injury in	rm, 20f. (City or	town) 19.5 he causes a	(Cour	o) 19. WAS PERFOYES	AUTOPSY DRMED? NO (State)

CERTIFICATE OF BEATH

SHEET AND THE SECTION

of an early of our old and when their a comment our to

ROKEVO A. Z

7261 8 AAM

BECEINED

VS A1S (4) 15M 9/SS 03072 C

CERTIFICATE OF DEATH

03043 Reg. Dist. No. 226

		116						110 81 010		- 4
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYLA		USUAL RESIDENCE (WI	Virgi			e before ac	dmission)
b. CITY OR TOWN (RURAL ond give n Beth	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o		5 X	RURAL ond gi	ive neorest	town)		
d. NAME OF HOSPI OR INSTITUTION National Tr	The Clin	ical'd	denter, lth,Bethesda	a.Md.	d. STREET ADDRESS None-	Gene	ral Deli	very	C	S RESIDENCE ON A FARM? ES NO A
3. NAME OF DECEASED (Type or print)	Othe	st	Middle Olders		Colvin	4. DATE OF DEATH	Mar		26°	Year 57
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIE	ED NEVER MARRIED DIVORCED	F9	January 18	383	9. AGE (In years lost birthday) yrs.	Months		UNDER 24 HRS. ours Min.
Oa. USUAL OCCUPATE during most of wor Miner	ON (Give kind of work of king life, even if retired)	done 10b. K	Mining	INDUSTRY	11. BIRTHPLACE (Stote Alaban		country)		S.A.	VHAT COUNTRY
3. FATHER'S NAME Henry Co.	lvin			14	. MOTHER'S MAIDEN N					
S. WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	ervice)	ocial security No.	17. INFOS	MANT The Med onal Instit	lical	Record, Add	Clinic h. Beth	al Ce	enter.
Conditions, if a gove rise to it couse (a), stating lying couse lost. PART II. OT	the under DUE TO	, are	en co de la france	LE H	ent page	مال	SE CONDITION GI	VEN IN PART	1(o) 19. W	VAS AUTOPSY
PART II. OT	AS UNDERLYING []	20b. DESC	RIBE HOW INJURY OCC	URRED. (Er	ter noture of injury in t	Port I or Por	t II of item 18.)			ERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yes	While	JURY OCCURRED 20 Not while of work	e. PLACE (foctory,	DF INJURY (Home, form street, office bldg., etc.), 20f. (City	y or town)	(Co	ounly)	(Stote)
actual SIGNATURE		195	lino.	eath acc	The Clinica National In Bethesda 1	M, fran Address (s al Cer istitu	n the causes of the test of H	and an th	ast saw to date s	the decease stated above DATE SIGNE /26/57
urtar fr		7-57	22c. NAME OF CEMETE Greenwood		matory orial Cen	22d. LOCA • Ri	TION (City, town, ley Cou	or county)	W.	(Stote) Virgin
ROBERT A		y Be	ethesda, M	laryl	and .	D BY REGIST	TRAR 246. REG	STRAR'S SIGN	Hature for	m/Rao.

AND AND LEGISLES OF THE STATE O BUREAU V. S. 7861 I 99A A LANGUE DE MENTE DE LA COLOR . med felmomes woodnest 72-72-7 plener - Larus

Stallwall, aleganist Particular in the 18-

03044

VS A15 (4) 15M 9/55 1

	U	3011	4	CERTIFIC	ATE OF	DEATH	4		Reg. D	ist. No.	215	· k
1. PLACE OF DEATH a. COUNTY Mont	gomery			MARYLAND	2. USUAL RE a. STATE	14TECEV-11		b. COUNTY Columbi	1	nce befor	re admiss	sion)
b. CITY OR TOWN (II	f outside carparate lim	its, write	c. LENGT	TH OF STAY IN 16	c. CITY O			rate limits, write l		give nec	arest town	n) /
Bethesda (R	- 1		6 6	avs		Washin	oton	47x-3				V
d. NAME OF HOSPIT	AL (If not in hospital,	give street		au y b	d. STREET		6 0011	7/1		1	e. IS RES	HDENCE
U.S. Naval	Hospital,	Bethe	sda,	Md.		511 4t	h Str	eet, S.E				FARM?
3. NAME OF DECEASED (Type or print)	Beli	sario		(nmn)	CONTRERA	ast AS	4. DATE OF DEATH	Mar		Da 6		Year 19 56
5. SEX	6. COLOR OR RACE	7. MARE	RIED NE	VER MARRIED	B. DATE OF BIE	RTH		9. AGE (In years last birthday)	IF UNDE	1		ER 24 HRS.
Male	White	WIDOW	ED 🔲	DIVORCED [20 Oct.	1887		69 yrs.		Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of wark	done 10b.	KIND OF	BUSINESS OR IND	USTRY 11. BIRTH	PLACE (State	or fareign co	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
U.S. Navy	ang me, even it remed		S. Na	avy (Reti	red)	Spain				U.S.		
13. FATHER'S NAME			100 110	11.002		'S MAIDEN N	IAME			-		
Belisario	Controves				Berere	i Ramo	0.00					
15. WAS DECEASED EVE		RCES? 16.	SOCIAL SE	CURITY NO. 117.	INFORMANT	T Manic	, a	Ade	Iress			
(Yes, no, or unknown)	(If yes, give war or dates of	service)				37		A.				
Yes 1-20-09		The second second second	iknowi		fficial	Navy F	ecord	S)				
	TH [Enter only one of TH WAS CAUSED BY:	ouse per li	ne for (a),	(b), and (c).	/		•				ERVAL BE	
	IMMEDIATE CAUSE	0)(0				neu	ma				-	
480,0	DUE TO)		do	0	10				1.		
Conditions, if ar	ny, which	b1		Ce	u. N	lom	enel	lonepl	ne	40		
gave rise to it				0 +	-	2 ~	•		1			
lying cause last.		c)		tru	Mosch	erou	c He	ant Du	2000	0		
PART II. OTH	ER SIGNIFICANT CON		ONTRIBUT	ING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASI	CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
Ř			DI	10. Ties	oitio	00	al or	~				RMED?
200. ACCIDENT WA	S UNDERLYING [7]	20b. DES	CRIBE HOV	V INJURY OCCURR	ED. (Enter nature	of inury in F	Part Lor Part	II of item 1B 1			ILES IN	140 []
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH				201 (2010)	0						
			NJURY OCC	CLIPPED 20- P	LACE OF INJURY	/ /Hama form	206 (Cit.				-	10
20c. TIME OF INJURY		While	Not	whilef	actory, street, off	ice bldg., etc.) 201. (City	or town)		(County)		(State)
-	19		k of wa									
21. I certify th	ot I ottended the	deceas	ed from,	27 Feb.	19.5	7 to 6	March	1957	thot I	lost so	w the	decease
olive on 6 Ma	arch			ond that deat								
1.	.~~ ()	1						reel, city ar town,				ATE SIGNED
ACTUAL SIGNATURE	108.17	100	Peu	er -	II.S.	Naval	Hospi	tal, Bet	hesda	. Md	. 6	Mar.
	1	00				Harai	HODEL	5413 200	1100000	2 220		7.00-7
PHYSICIAN'S W. C	.E. Pfisch	ner.	LCDR.	MC. USN	II.S.	Naval	Hospi	tal, Bet	hesda	. Md		
220. BURIAL, CREMATIO						Mayar						
REMOVAL (Specify)	The state of the same	Or .		ME OF CEMETERY				TON (City, town,			(State	e)
Burial	13-11-57			ington Na				ington,				1
23. FUNERAL DIRECTOR'S		_	ADD	RESS Wash.	D. C.	240. REC'E	BY REGIST	RAR 245 REGI	STRAR'S S	1/	//	
Whambers F	hambus Horal Hor	ne .51'	7 11th	h St.,S.E		DATE 3	-6-57	Ma	11.6	20	tal	11000

AND DESCRIPTION OF THE PERSON			
		oneme	
	outel des Equ	.DH , Bass	· · · · · · · · · · · · · · · · · · ·
	• -		
	and all I bus toll		
	Same of the second	AS Juff	
BOKEVO A.	MARKET DESCRIPTION OF THE PROPERTY OF THE PROP	e was tall but	Medical calculates I was placed in the day
	or less in automorphisms of the contract of th	HOW YOU WHEN Y	
			Control of Man Asset of
S A I S S I A E			

VS A15 (4) 15M 9/55 M

03045

03074

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W. District of	There deceased lived. If institute Columbia	tion: Residence before admission) Y					
Bethosda 14, Kd.	LENGTH OF STAY IN 16	Washington	outside carporate limits, write	RURAL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospitol, give street add OR INSTITUTION The Clinical Center, Bether		d STREET ADDRESS 1343 Montag	ue Street, N.	e. IS RESIDENCE ON A FARM? YES NO I					
3. NAME OF DECEASED (Type or print) Hermone	Middle Leon	Cook	4. DATE Mo OF DEATH MATE	h 3, 19 57					
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [DIVORCED [B. DATE OF BIRTH September 24		Manths Days Hours Min.					
	tomobile	Maine		12. CITIZEN OF WHAT COUNTRY?					
John T. Cook		14. MOTHER'S MAIDEN Albina B	oulay						
(Yes, no or unknown) (If yes, give war or dates of service)			edical Recordenter, Bethesd						
18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.	ior (o), (b), and (c).] LIGNANT TASTASES	MELANO TO LIVEN		INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CON RETROPERITONEAL	HE MORK	HAGE	AINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 2 NO					
20c. TIME OF INJURY Month, Day, Year 20d. INJU Haur a. m. While	RY OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, far ctory, street, affice bldg., e	m, 20f. (City or town)	(County) (State)					
actual signature famuel Cha	ACTUAL SIGNATURE SAMUEL Charache M.D. The Clinical Center 3/4/57 PHYSICIAN'S ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) ATE SIGNED 3/4/57 National Institutes of Health								
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) BUR* Transit 3/4/57	c. NAME OF CEMETERY O		22d. LOCATION (City, town, Portland,						
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey B	ADDRESS Bethesda, M		. 0	ISTRAR'S SIGNATURE -					

	6.5	imitos is	rebutabl		And days	oM
			o talifa e e	200 3	Mi.	. LE aveatie
N. Company	. 4 . 1 200	elle Sill	13kg Konti	esta lle, l'e.	dea on, eath	Install of
	ROTOL .		Jooli		enomial	
	Fkt	221.2	romejne.		6925	e ele
.A.3.J			ants!	elidone do		Sulerman
	Tecond .	Seriage Seriage	ankella edi			Hopp . sulp.
handgrat di	Besheria	Dembons	Canimbio e	S-16-1752 The	0 230.2	Yes Ko
SELVED V. S.	M -	Clackak Libert Lu Libert Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu Lu L	ib ed? notcall notcol notcol vendo		.e.normanie is 3 /2 / m	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and what are not been the real BUREAU V. S. S APA

		ء	1	
	actor	3		19
	dire	iled	1	AMS
	ral	oe f		_
	une	P		
1		Š		
	by	2.		5
	2	ond		
	lled	- 5		
	y Fi	age		
	etel	C-		
	mpl	pers		
	CO	pd	eath	
	ono	pou	P Ja	
	100	COT	de la	-
	ysic	ove	R	
	J Ph	rem	3	
	ding	2Se	in 7	
	Hen	plec	with.	
	e o	neu	ul v	
	y th	È	eve	
	q p	Tim.	any	
	gne	per	2.	
5	S U	nsit	ond	
731	pee	·tra	10	
2	has	rial	May	
27	ote	por	r re	
-	lific	s the	۵, ۵	
5	cer	e o	ption	
5	this	r us	em.	
2	er	of E	1, 0	
2	. Af	che	uria	
	9	deta	0	
		De o	ar 1	
חוווס	Ö	Pla	r pri	
1	SAL	shou	stra	
2	NE	9	egi	
may be reformed in a mashing buysing buysing	D FUNERAL DICE OR: After this certificate has been signed by the attending physician and completely filled in by	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	the registrar priar ta burial, cremation, ar remaval, and in any event within 72 hours after death.	
	1 3	_	- Common	

executed within 24 hours

requires that the death certificate

ATTENDING PHYSICIAN: The

HOSPITAL OR

0

VS A15 (4)

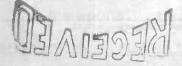
15M 9/55

Reg. Dist. No. 2/ 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Tennessee Montgomery b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest tawn) Bethesda lu, Maryland 45 days Kingsport d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center. Bethesda ll. Md. 1812 B Street YES NO TA 3. NAME OF Middle 4. DATE Manth Day Year DECEASED William Crawford 13 James DEATH March 57 (Type ar print) 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF LINDER I YEAR IF LINDER 24 HRS 20 lost birthday) Manths Haurs Male White WIDOWED T DIVORCED [August 1, 1936 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Student U.S.A. None Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ace Crawford Mabel Gavlion 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No None The Clinical Center, Bethesda 14. Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY CATION PERFORMED? 2 on 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (Caunty) factory, street, affice bldg., etc.) Haur a.m. Not while at wark at wark 21. I certify that I attended the deceased from January 27 1957 to March 13 ..., and that death occurred at 2:20 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S Edward H.Sharp. M. D. Bethesda 11. Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Bur-Transit Kingsport. ast Memoria Tennessee 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Pumphrey.

come the Minterest on the common in the comm

BOKEYN & B!

7261 81 9AM



00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03076

CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

03048

20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DAUSE OF DEATH OF CONTRIBUTION DAUSE OF DEATH OF CONTRIBUTION DAUSE OF	1. PLACE OF DEATH o. COUNTY	Montg		MARYL	AND		rvl and	b. COUNT	ΙΥ	Sonte	
CHAIT TROUTE, AUTON OR NAME OF DOEPHAL (If not in boophol, give street oddress) OR NAME OF DOEPHAL (If not in boophol, give street oddress) In MAN EOF DOEPHAL (If not in boophol, give street oddress) OR NAME OF DOEPHAL (If not in boophol, give street oddress) OR NAME OF DOEPHAL (If not in boophol, give street oddress) OR NAME OF DOEPHAL (If not in boophol, give street oddress) OR NAME OF DOEPHAL (If not in boophol, give street oddress) OR STREET ADDRESS OR OF DEATH OR NOTE OF PRINTING OR STREET ADDRESS OR OF DEATH OR NOTE OF PRINTING OR OF DEATH OR OF DOEPHAL (If not in boophol, give street oddress) OR OF DOEPHAL (If not in boophol, give street oddress) OR OF DEATH OR	b. CITY OR TOWN (I	f outside corporate limit parest town)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	I (If outside corp	orote limits, write	RURAL ond	give neares	t town)
OR INSTITUTION 3. NAME OF DECEASED DECEASED TO BEATH DECEASED TO BEATH FOR DECEASED TO BEATH FOR DECEASED TO BEATH FOR DECEASED TO BEATH FOR DEATH P. AGE (In year) I UNDER 1 YEAR IF UNDER 21 HE Months Day Hours Min. 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 113. FATHERS HAME 114. MOTHERS HAME 115. WAS DECEASED EVER IN U. S. ARMED FORCESS? 116. SOCIAL SECURITY NO. 117. BINORMANT 118. CAUSE OF DEATH (Enter only one course per lige for (o), (b), end (c). PART I. DEATH WAS CAUSED BY: 119. CONSTRUCTION (GIVE kind of work done a work of the course per lige for (o), (b), end (c). PART I. DEATH WAS CAUSED BY: 120. CONSTRUCTION (GIVE kind of work done a work of the course per lige for (o), (b), end (c). PART I. DEATH WAS CAUSED BY: 121. CONSTRUCTION (GIVE kind of work done a work of the course per lige for (o), (b), end (c). 122. CILIZEN OF WHAT COUNT (GIVE kind of work done a work of the course per lige for (o), (b), end (c). 123. WAS DECEASED EVER IN U. S. ARMED FORCESS? 124. MOTHERS HAMDER IN U. S. ARMED FORCESS? 125. SOCIAL SECURITY NO. 126. CAUSED BY: 127. CHORN (GIVE kind of work done a work of the course per lige for (o), (b), end (c). 128. CAUSE OF DEATH (Enter only one course per lige for (o), (b), end (c). 129. CONSTRUCTION (GIVE kind of work of the course o			ural	69yrs	X	/ Gaith	ersbur	gr	Run	al 110	3
DEECHAID I(1) DEATH D	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRE	SS	1.6			ON A FARM?
S. SEX S. COLOR OR RACE 7. MARRED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 2 YEAR		Fir	st	Middle		Last		M	onth	Day	Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In year) [INDREX I YEAR IF UNDEX 21 HE NOT WINDOWSD DIVORCED SQ YIS. 100. USUAL OCCUPATION (Give kind of work in def wor		Wallace		Montgo	mert	Grown	OF DEATI	H 1 9	יין	9	
DIOG. USUAL OCCUPATION GIVE kind of work indicated one indo. LIND OF BUSINESS OR INDUSTRY III. BIRTHYLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT INDICATED IN COUNTRY OF WHAT C	5. SEX	6. COLOR OR RACE	7. MARR								UNDER 24 HRS
100. LUNAL OCCUPATION (Give kind of work done done) 100. KIND OF 8USINESS OR INDUSTRY 111. BIRTHPIACE (Slote or foreign country) 112. CHIZEN OF WHAT COUNT during motor of working life, even if retired) 123. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART IL DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART II. OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS (c). THE PROPERTY OF CONDITIONS (ONTRIBUTING) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS (PERFORMED) 20. ACCIDENT WAS UNDERLYING [C). 21. I certify that I attended the deceased from [Poly of work in the couses and on the date stated about a course of the couse of the couse of the couse and on the date stated about ADDRESS (Siree). city or form, 1stel) 21. I certify that I attended the deceased from [Poly of work in the couses and on the date stated about ADDRESS (Siree). city or form, 1stel) 22. BUTIAL CERMANION, 276. DATE THEREOF [Poly of Conditions of Conditions (Store)] 23. WITH ADDRESS (Siree). City or form, 1stel) 24. COLORIST WAS UNDERLYING [Poly of work in the couses and on the date stated about ADDRESS (Siree). city or form, 1stel) 25. DATE THERE SIGNATURE PART II. OTHER SIGNATURE 26. BUT IN THE SIGNATURE 27. BUT IN THE SIGNATURE 27. BUT IN THE SIGNATURE 28. BUT IN THE SIGNATURE 29. DATE THEREOF 20. BUT IN THE SIGNATURE 21. CERTIFICATION [City, town, or county] [Store) 21. CONTRIBUTION [Poly or form, 1stel) 22. BUT IN THE SIGNATURE 23. BUT IN THE SIGNATURE 24. COLORIST WAS AUTOPS 25. BUT IN THE SIGNATURE 26. BUT IN THE SIGNATURE 27. BUT IN THE SIGNATURE 27. BUT IN THE SIGNATURE 28. BUT IN THE SIGNATURE 29. DATE THEREOF [POLY ON THE SIGNATURE] 29. DATE THE S	Mele	White	WIDOWE	DIVORCED		Reh 18-	1888			Days H	fours Min.
13. FATHER'S NAME James N. Crown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? If you go we or define of veryon of define of veryon or define of veryon of the part of the p	10a. USUAL OCCUPATIO	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR	INDUSTRY			And But		ITIZEN OF V	WHAT COUNTR
13. FATHER'S NAME James N. Crown 15. WAS DECRESSEDEVER IN U. S. ARMED FORCES? 16. NO. or unknown) (If yes, give were or define of service) (If yes, give were or define of yes, give were or define of yes, give y		ding life, even if retired)		เอ ท ทวิทธ		Motna	CO M	a	7.7	C1 A	
15. WAS DECRASEDEVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).			1 - F	8.10 1.118	l i	4. MOTHER'S MAIL	DEN NAME		1.0	D.A.	
15. WAS DECRASEDEVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).	Tomo	e ii Caom	20			60300	la 77 (1-				
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).				SOCIAL SECURITY NO.	17. INFO		II A CS		dress		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) JOSEPH AND DEATH ONE TAND ONE TAND DEATH ONE TAND ONE				SOCIAL SECONITY (NO.			200 - 20 -		36.111	,	200
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)						Forest	F. Cro	wn. Lial	ther		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	gove rise to i coese (o), stoting lying couse lost.	ny, which mmediate the under (c)) a	Epilethia	lerer	is by	kutire	um -		10	years
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	OATION PART II. OTI	PERFORMED?									
21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. No. Willier J., 1922, that I last saw the deceased alive an		CAUSE OF DEATH I	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Enter noture of inju	ry in Port I or Po	ort II of item 18.)		140	
alive an	ZOC. TIME OF INJUR Hour o. m. p. m.	1	While	Not while	PLACE factor	F INJURY (Home,	, farm, 20f. (Ci	ly or town)	\	(County)	(Stote
NAME (Type) WM A. LINTHICUM	alive an	21. I certify that I attended the deceased fram 1952, No., Wall 9, 1952, that I last saw the deceased alive an 1952, and that death occurred at A. M., fram the causes and on the date stated about the ADDRESS (Street, city or town, stote) DATE SIGN									
Burial 3-12-57 Rockville Union & Rockville. Md.	NAME (Type)			um		***********				229	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 DECID BY DEGISTRAD'S SIGNATURE	REMOVAL (Specify)										(Stote)
240. REC D DI RECIGIONA D SICIPATION	23. FUNERAL DIRECTOR	S SIGNATURE	1.0	ADDRESS		240.	REC'D BY REGIS	STRAR 246. REC	SISTRAR'S S	IGNATURE	

CERTIFICATE OF BRATH

BUKEAU V. S.

7861 21 9AN:

BECEIAED

VS A15 (4) 1SM 9/5S

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
03077	CERTIFICATE	OF	DEATH	b

03049

Reg. Dist. No.

	a. COUNTY	Mon	tgome	ery MAR	RYLAND	2. USUAL RESIDENCE O. STATE Distr	(Where deceosed lived ict of Col	. If institution	n: Residence	befare odmissi	an)
	b. CITY OR TOWN (I RURAL and give no Bethesda	f outside corporate limi carest tawn)	ts, write	c. LENGTH OF STA			(If outside corporate line.ngton 47	mits, write RU	RAL and give	e nearest tawn) /
	OR INSTITUTION	At (If not in haspitol, g			Md.	d. STREET ADDRESS	6th Street	, s. E	•	e. IS RESI ON A YES	FARM
3	NAME OF DECEASED (Type or print)	Ros		Lee	le	Davis	4. DATE OF DEATH	Marc		LI', Y	57
	Femal e	6. COLOR OR RACE Negro	WIDOWI	DIVORC	ED 🗍	8. DATE OF BIRTH November	25,1914 4		Months Do	EAR IF UNDE	R 24 HRS. Min.
	Waitress	N (Give kind of work a ing life, even if retired		KIND OF BUSINESS		TRY 11. 8IRTHPLACE (SI				N OF WHAT	COUNTRY?
13	3. FATHER'S NAME				(II 40-	14. MOTHER'S MAIDE	N NAME				
	Tom Nicks					Ida Fi	sher				
15	S. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. If	NFORMANT The P	ledical Rec	ord Addre	55		
	No	in yes, give was as adies of a	ivice)	577-30-89	Of Th	ne Clinical	Center, Be	thesda	14, M	larylan	d
ATION	Conditions, if or gave rise to it cause (a), stating lying cause last. PART II. OTH	nmediate DUE TO	ano	hetastati Libertation of the contributing to be	hyo	tronsphere.	ner Splen Original:	ate-(STATE IN IN PART IS	a) 19. WAS A PERFOI	UTOPSY MED?
CERTIFICATION		CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY (OCCURRED). (Enter noture of injury	in Part I ar Port II af i	tem 18.)			110
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yea	While at wark	Not while at wark	20e. PLA foc	CE OF INJURY (Home, fory, street, affice bldg.,	form, 20f. (City or tow	n)	(Caur	nly)	(Stote)
1	alive an N	Thomas Wald N, 22b. DATE THEREO	Cefa	7, and tha	t death	Nationa Bethesa		causes and ty or town, steep er sof Hand	ealth	3/1/	d abave. TE SIGNED 1-5-7

The Oliviest Capter, Setbeach 16, 76, 100, 329 10th Street, 5, 1. The party as and agent . . . anazolud L STT-30-6377 Ton Citation Content, decimands lb, care tipe and

are and propertions in the second of the second

and series and a series of the BUREAU V. E.

7261 81 9AM

BREENAE

- 0 H manife manni H D.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTIFICATE OF DEATH

BUBEAU V. E.

TZEL SI MAM



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	CENTRE OF DEATH AND STATE OF DEATH
BUREAU V.	The second set of the second s
COL SI MAM	
	The control of the co

		MARYI		STATE DEPAR	TME	NT OF HEALT		TIMORE, 1	8	0.	303	521	
		030	78	CERTIF	ICA	TE OF DEAT	H		Reg. D		2	1 7	
1.	PLACE OF DEATH O. COUNTY MONTGOMER	Y		MARYLA	- 11	2. USUAL RESIDENCE (V STATE MARYLAND	Where deceose	d tived. If institution b. COUNTY			e admiss	ion)	
	b. CITY OR TOWN (IF RURAL and give ned STLVER SF	rest town)	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 SILVER SPRING							
	d. NAME OF HOSPITA OR INSTITUTION					d. STREET ADDRESS		E ROAD				FARM?	
3.	NAME OF DECEASED (Type or print)			Middle (nmi)	DICKENS 4. DATE OF DEATH		MARCH 1		Day		Year 19 57	
5.	MALE MALE	6. COLOR OR RACE WHITE	7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED		DEC. 31, 18	81	9. AGE (In years lost buthdoy) 75 yrs.	Months	Doys Doys	Hours	Min.	
1	RETIRED EN	ng life, even if refired)	KIND OF BUSINESS OR	INDUST	VIRGINI	A	ountry)		J. S.		COUNTRY	
13	EDWARD S.	DICKENS				MARY OWE	000						
	NO DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dates of s		50CIAL SECURITY NO. 77-34-9751	17. INI MRS	ORMANT EDITH ELL	EN DICI	KENS, Sam	ess e as	#2	0		
	PART I. DEAT LACOL Conditions, if on gove rise to im code (o), stoting to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate te under- (c)	Co	ne for (o), (b), and (c).] rute con runary Generals	że		reiso	ailere E		ONS	4 .40	TWEEN DEATH DEATH	
NOITATIEN	PART II. OTH	pileps	sy	CRIBE HOW INJURY OCC					EN IN PAI	RT 1(a) 11	PENFO YES _	AUTOPSY PRMED?	
MEDICALCES	. •	MEDICAL EXAMINER)	ar 20d. t While	Not white		E OF INJURY (Home, fa ty, street, office bldg., e		or town)		(County)	Y	(State)	
	21. I certify the alive on ACTUAL SIGNATURE APHYSICIAN'S NAME (Type)	at I attended the yarch C		ed from Ju		, 1950, to 10 poccurred at 2:30 poccurred at 2:3	A.M. from		nd an I		e state		
2	20. BURIAL, CREMATION REMOVAL (Specify) BURIAL	MARCH 13		22c. NAME OF CEMET				TION (City, town, o		CO.	(Stol	e)	

TOUISILVER SPRING, MD.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 R: After this certificate has been signed by the attending physician and campletely filled in by the ached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 4, the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death ached for use as the burial-transit permit. ar attending physician TO FUNERAL DIRE TO HOSPITAL OR

M

uneral director, d be filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTRACATE OF DEATH

Design and

W-CA-CA. Her. Joseph Stephen. DE U. SHASSE

OKEYO A' E

7261 61 AAN



ALL CONTRACTOR OF THE

VS A15 (4) 15M 9/5S

		Z	4	_
	6	_	1	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	tal or attending physician.	rr use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2: Uld be filed with	*	マーオ
P	2.5	6		
24	e	5		
within	stely fil	Poge		
executed	and cample	on papers.	r death.	
p	20	ort	offe	
certificate	a physicia	remove	rematian, ar remayal, and in any event within 72 hours ofter death.	-
death	Hendin	please	within	
the	0	en	tu.	
that	by th	if. 1	y eve	
requires	an.	sit perm	nd in ar	
M	sicio	ron	0,	
e	phy os b	10	DAO	
무	gu a	buri	rem	
CIAN	tal or attending physician. This certificate has been significate	the !	n. ar i	
rsic	r o	O	fian	
H	to lot	שר טצע	rema	

03053 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03079 CEPTIEICATE OF DEATH

1	CL CL	KINICAL OF BLAIN	Reg. Dist. No. 0016	Reg. Dist. No. 0016			
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Residence before admission)	_			
P	Monxgonery	MARYLAND MARY	land b. COUNTY Montgomery				
	b. CITY OR TOWN (If autside aproporte limits, write RURAL and give nearest lawn)	STAY IN 16 c. CITY OR TOWN (IF au	utside carporate limits, write RURAL and give negrest town)				
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?	_			
	Subueban Hospila	८ विमान हरू	Mas Huy. YES NO	<u></u>			
	3. NAME OF DECEASED (Type or print) NORA	DOHERTY	4. DATE Month Day Year OF DEATH 3 - 30 19 5	1			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER A	MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR:	5.			
	TOTAL COLLEGE	VORCED [] July 16, 1873	83 yrs. 8 4				
5	10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSIN during most of warking life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (State a	or fareign country) 12. CITIZEN OF WHAT COUNT	RY?			
6	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	and Maturalize	9			
	MagTin Fitzpatrick	Bridgett	0:11				
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI		white Address (To M. D	···C			
5	(Yes, no, or unknown) (If yes, give war or dates of service) None	Macion No Cart	The 824 Summersot Place	e			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), or		A INTERVAL BETWEEN AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	il imousons a Em	exectowaldie tick				
	332 X DUE TO Conchrol	Anterior Comin !	- Atherin Lente U O				
	Conditions, if any, which gave rise to immediate	1 ph Occopation of the	, it wenterstage it. N.				
	cause (a), stating the under- lying cause last. DUE TO General General Control of the cause (a)	hied arterioseles	one				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED				
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJ	IURY OCCURRED. (Enter nature of injury in Po	art 1 or Port II of item 18.)				
	206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRY Hour a. m. While Not while at wark at wark	fantani stand office blds of h	20f. (City or tawn) (Caunty) (State	e)			
	Hour a.m. p. m. 19 While Not while at wark at wark	O locioty, sheet, drice blag., etc.)					
	21. I certify that I attended the deceased fram.	B. 7 , 1957, 10 M	Mich 22. 1957, that I last saw the deceas	sed			
	olive on hasch 20, 1957, and		M, from the couses and an the date stated aba				
	ACTUAL PO'AL DOSP	A	ADDRESS (Street, city or town, state) DATE SIGN	IED			
	SIGNATURE (Lefton K' ffrence)	M.D. <u>7525</u> 4	-9 71:18 Wighthe States	2-7			
	PHYSICIAN'S Clifton R. Gruver, M.D.). 4325 - 49th S	St. N. W., Wash. D. C. 3/20/5	7			
	PEMOVAI (Specify).		22d. LOCATION (City, town, ar caunty) (State)				
	Bur transit 3/22/1957 St. Der 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Delaware County Pennsylvan	la			
	Robert A. Pumphrey-7557Wis. A	ve. Bethesda, Nid	25-57 Paris M. Assault				
			- I I SAME IT I TO THE OWN				

2041/2021/0 Bridgett

None and the second

West Cition . Crover, M. F. | -325 - 4911 St. V. W. & Ten. E. C.

The state of the s

Hobert . . Lumphrey-TooTwis. Ave. Beliesen, v.d.



TECT DE AAM





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



7201 8 AAM



CERTIFICATE OF DEATH

MARYLAND

03081

PLACE OF DEATH

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Burial (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

a. COUNTY

Dov

USA

(County)

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

(State)

e. IS RESIDENCE

ON A FARM

YES NO

Year

19 57

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

with director, filed papers. campl offending physician off remave 2 ease 0 DIR P 70 FUNER oge 3

Page

Montgomery Maryland Montgomery b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 4711 Essex Avenue 4711 Essex Avenue NAME OF First Middle 4. DATE Month DECEASED (Type or print) Louise M. DONCH DEATH March 25 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years lost birthday)
91 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH April 1, 1865 WIDOWED [DIVORCED [Female White yrs. 10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? Retired Music teacher Self-employed Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Donch Elise Brand 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Lillian A. McNish-Same Item #2 No 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Nat while ot wark of wark Mar. 1957, that I last saw the deceased 21. I certify that I attended the deceased from __, and that death occurred at 1:00 BM, from the causes and on the date stated above. ADDRESS (Street, city ar town, state) ACTUAL PHYSICIAN'S Francis T. Coleman, M.D. 5315 - 16th St. N. W. Wash. D. C. 3/25/57

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Rock Creek Cemetery

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-7557 Wis. Ave. Bethesda, M.

22d. LOCATION (City, tawn, or caunty)

Washington

page

	dys. Land yva	andreas of ellering	, (15 LQ)	1. → _V ∇=1
	NUSSE LIVE			111
Enve Waren 25	ALL NOTES	.16	cino	
	p.111, 10		nit	ola no e
		ogoly me-ne		
in and superment	lise rand Lira	eno.		ouo K. rou
			or and (mo-	
BUREAU V. S.	Se 24 Sec. 20 Card			Lity of the Lity Lity of the Lity Lity of Will
VbB I 1923	e de la companie de l			A STATE OF
THAT DECENARIO	01 - <u>5</u> 100		nois L. Colen	161 U .
			7557-to 10 1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

anthest fi BURNEY AND THE PARTY OF THE PAR 1997 Leading by Salary & Lordy School BUREAU K. E. 7261 SE 94W

VS A15 (4) 15M 9/55 W

MARYLAND	STATE DEPA	RTMENT OF	HEALTH-BA	LTIMORE, 1	8

03082 CERTIFICATE OF DEATH

Reg. Dist. No. 2957

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
Montan mery Maryland	o. STATE Maryland b. COUNTY Mantannery
b. CITY OR TOWN (If outside corporate limes, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)
RURAL and give indorest town)	Rothorda.
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
5032 Bradley Blyd - Apt T	5032 Braden Blud YES IN NO PR
30 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
DECEASED	Lost 4. DATE Month Day Year
(Type or print) Paul Horkan	DEATH March 34 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
male white WIDOWED DIVORCED	Danuary 2017 40 m. 2 4
10a. USUAL OCCUPATION (Give kind of work done of the during most af working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Keal estate broker	Washington D. C. 4.5, H-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter H. Drury	Jean Walsh
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? S. SOCIAL SECURITY NO. 17.	INFORMANT Address / JUCK
NO	pretta O. Drury 5032 Bradley Blod -
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c).]	O A INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	W Colletta ONSET AND DEATH
345 X DUE TO A A A b	1 1 + 1
Conditions if any which \ Ceubox Less	stiton toclure
gove rise to immediate	01
couse (a), stoting the under. DUE TO Multiple	Scleron's (C.N.S)
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION QUEN IN PART 1(0) 19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I or Port II af item 18.)
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in rati) of roll ii at item ib.)
Haur o.m. While Nat white	LACE OF INJURY (Hame, farm, 120f. (City or town) (Caunty) (State) octory, street, office bldg., etc.)
p. m. 19 of work of work	7
21. I certify that I attended the deceased from One	1955, to Mank, 1957, that I lost sow the deceased
olive on Mark 23, 1957, and that deat	h occurred ot STAM, from the couses and on the date stated above.
	ADDRESS (Street, pity or tewn, stote) DATE SIGNED
SIGNATURE CO (MOVIM	MO. 80 16 Gunetin 2 3/26/57
PHYSICIAN'S NAME (Type) Leo T. Donovan, MD.	8016 Georgetown Rd. Beth 14 Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
REMOVAL (Specify) 3/27/57 Gate of He	
Burial 3/27/57 Gate of He	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
	- 1 - 2 15-15) Pa . Su 10. I
Robert A. Pumphrey Bethesda, Ma	aryland DATES - W DI Jeane M. Mompany

BUREAU V. S.

APR 1 1957

BECEINED

12 May 2 author Station

VS A15 (4) 15M 9/55

MARYLAND	CEDTIEIC	ATE OF DEATH Reg. Dist. No. 216
	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY Pennsylvania
outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lancaster 75 × - 3
AL (If not in hospitot, give street eal Center		d. STREET ADDRESS 620 North Queen Street e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
fint Oscar	Middle Eugene	Duffy 4. DATE OF DEATH March leth, 19 57
6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH May 22nd, 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Months Days Hours Min. Months Mo
N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY

1. PLACE OF DEATH a. COUNTY Montgomer	Y		MARYLAND	2. USUAL RESIDENC O STATE Pennsylv		d lived. If institution b. COUNTY	on: Residence befo	ore admission)
b. CITY OR TOWN (RURAL ond give n Bethesda	If outside corporate limits earest town)		GTH OF STAY IN 16	c. CITY OR TOWN		rote limits, write R	URAL and give ne	earest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitat, gi			d. STREET ADDRE				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Find Osca		Middle Eugene	Duffy	4. DATE OF DEATH	March		Year 19 57
5. SEX		7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH	1885	9. AGE (In years lost birthday) 71 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of work Factory	ON (Give kind of work di king life, even if retired) WORKER	Rug m	The state of the s		State or foreign consylvania			OF WHAT COUNTRY
13. FATHER'S NAME Albert Du	ffy			14. MOTHER'S MAIN	EN NAME Fisher			
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FORC III yes, give wor or dates of ser			The Clinical		Record*dd		rvland
I CAT	the <u>under</u> DUE TO (c). HER SIGNIFICANT COND		UTING TO DEATH BU	T NOT RELATED TO THE TED. (Enter nature of injur			EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
_	MEDICAL EXAMINER) RY Month, Day, Year		of while fo	IACE OF INJURY (Home, octory, street, office bldg		or town)	(County)) (Stole)
alive onMa	R. W. Weige	12 57 Veige		M.D. The Cli	ADDRESS (SI nical Cel l Instit	n the causes a reet, city or town, nter utes of h	and on the do	aw the deceased above. DATE SIGNED 3/4/57
200. SURIAL, CREMATIC REMOVAL (Specify) Bur-Trans	on, 226. DATE THEREOF		IAME OF CEMETERY C	OR CREMATORY	22d. LOCAT	ion (City, town, caster Pa	or county)	(State)
23. FUNERAL DIRECTOR Robert A	Pumphre		esda, Md.	24o.	REC'D BY REGIST	RAR 246. REGIS	STRAR'S SIGNATU	Hombson

	MINAVEGETATE CHALLYRAM
TE OF DEATH	
a loss Econoc	
	of make to which of the continuous many times in the
Telegratur	and the second of the second o
decret need account State	section (e.g. and or ex-
	are the second second
PARTIES AND SOUR ASSESSED.	Donate Donate Day of the Control of
A Comment of the Comm	and the part of the tention was con-
Power and a second of	
Secure 1 A. Carpest 2-12-30 and been	
	A TOCOTO I com secon de los Secures Unite servicios (E. C. Companyoro de la companyoro de l
A HYDGHE	
WAR 8 1957	A PARTIE OF COMMENT
Last o dvi	
DA USIOSIA	. D.M. abserte Worders . A Jacobse . M Turobrey-Machine . M. J M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03084 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ONTGOMEN MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL prid give pearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? ROLL YES NO TU NAME OF Middle DATE Year Day DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Days Hours WIDOWED DIVORCED [yes. 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) corban 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME move hou 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). DUE TO permit. Canditians, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 WAS AUTOPSY PERFORMED? VCNOMO YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of jtem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Q. m. While Not while at work at work 21. I certify that I attended the deceased from __ _, 19___,that I last saw the deceased and that death occurred at 5.05.P. alive on M, from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED ACTUAL SIGNATURE DIR P PHYSICIAN'S NAME (Type) FUNER/ 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town) or county) (State) REMOVAL (Specify) 0 23. BUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATES 1SM 9/55

CERTIFICATE OF DEATH

K. S. Biolome & Colored

The bottom copy

03060

CERTIFICATE OF DEATH

Reg. Dist. No. 216

03035		1 2. USUAL RESIDE	NCE (HOME) OF DEC	EASED	
					A TOP
COUNTY Ont, coments City (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE	COUNTY prete limits, write RURAL end	ont comer	
OR end give neerest town)	(in this place)	OR			
Town Detherda		XQ Both	(If rurel give I		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5325 Paltimore	Arra	STREET ADDRESS	altimore Ave.		
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)		(Yeer)
DECEASED (Type or Print)	Derran Fin	ייני	OF DEATH	rch 22	19 57
S. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 F
	DIVORCED,	10.1876	80 yrs. A	Months Deys	Hours Mi
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	nign country)	12. CITIZE	N OF WHAT
done during most of working life, even if relired) Petired enchandising		lissouri		U.S.	
13. FATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN	NAME		
Duran A. Tann		Tda Saund	anc		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &			
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Travas	Lr.John	.Tynch, on-ir	יוב [-ן	
10	18. MEDICAL CI	GAZE DATE	Ave., Methoso	I INTE	ERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA			11.1	ON	SET AND DEATH
1120. I IMMEDIATE CAUSE (A)	-oronary	Ucc/US/On.	multiple	6	days
ANTECEDENT CAUSE(S) DUE TO		1		1 11	1.12
DISEASES OR CONDITIONS, IF ANY, (B)	oronary S	clerosis,	raughte	0 / 0	115
STATING UNDERLYING CAUSE LAST. DUE TO					-
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4		/> / > 0		
TO THE DEATH BUT NOT RELATED TO THE PI	evious mul	tiple myoca	rdial intano	tions	
19e. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION	/ / / / / / / / / / / / / / / / / / / /		20	O. AUTOPSY?
		'\		YES	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street	Home, farm, fectory, set, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County)	(Stete)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCU	JR?		
	While Not white et work				
	-44	12 1949 to M	arch 12 1057	, that I last sa	w the deces
	sceased Holli	at 3.00 A. from the	causes and on the da	te stated show	/0
22. I hereby certify that I attended the di	and that double account of	at the transfer the	ranses and on me da	ie sigied anov	
	and that death occurred	ADE	RESS (Street, city, town,	state)	DATE SIGN
alive on	and that death occurred	3921 Ingo	MON STALL	1 work	DATE SIGN
alive on3. 22, 19.5	m, D. NAME OF CEMETERY C	3921 Ingo.	MESS (Street, city, town, Mark St. N.C.) LOCATION (City, town,	o wary	S 2
signature	M.D. NAME OF CEMETERY C	3921 Ingo	MAN ST. N.C. LOCATION (City, town,	or conting) C:	3.2
alive on3. 22, 19.5	M.D. NAME OF CEMETERY C	3921 Ingo	Clevel and	or conting) C:	'6 '2 (Stete

DECENALD

7501 I 89A

BUREAU V. S.

	1. PLACE OF DEATH Q_COUNTY MONTGOMETY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) District of Columbia. COUNTY			
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) Bethesda c. LENGTH OF STAY IN 1b RURAL and give neorest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and gi Washington 47 x = 3	ve negrest tawn)		
50	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clinical Center, Bethesda 14, Md.	d. STREET ADDRESS 3101 Massachusetts Avenue, N. W. YES NO D			
	3. NAME OF DECEASED (Type or print) Wentzel During	Du Plessis 4. DATE Month OF DEATH March	Doy Year 31, 1957		
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	June 26, 1935 last 24 yrs. Manths [YEAR IF UNDER 24 HRS. Days Haurs Min.		
2	10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if refired) None None	Nolland Sou	th Africa		
1	Wentzel C. Du Plessis	14. MOTHER'S MAIDEN NAME Marie During			
	(14 yas, give wor or outer or farrica)	he Clinical Center, Bethesda 14,	Maryland		
and in any event with	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)	e e	INTERVAL BETWEEN ONSET AND DEATH		
2	5 Epilepsy - post grant	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART D. (Enter nature of injury in Part I or Part II of item 18.)	1(a) 19. WAS AUTOPSY PERFORMEDT YES NO		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Cactary, street, affice bldg., etc.)	aunty) (State)		
strar priar ta buriai, cri	21. I certify that I attended the deceased framSeptember	27, 19 56, to March 31, 1957, that I to accurred at 4.40 AM, from the causes and an the ADDRESS (Street, city or town, state) The Clinical Center National Institutes of Heal Bethesda 14, Maryland	e date stated abave. 3/3//57		
De Led	220. BURIAL, CREMATION, 22b. DATE THEREOF PROMOVAL (Specify) Cremation 4/1/57 Ft. Lincol:	n Crematory Prince Georges	Co. Md.		
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	NATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55



BUREAU V. E.

7881 6 cd.

MARKET TO VIETE STREET

House and the Charles of Parties Incharged 11, 101-11-11

the bilinger transfer, fettenes the 17th Control opening to transfer

Author Control of Mark Co. Logs.

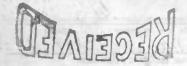
Die S. d. Print Post Super Continue of the Con

death.

CHARLE OF BEATH



7261 13 9AM



Control of the Control of the Control

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03087 FilmG212 3-19 Reg. Dist. No. 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUPAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? . 52 YES NO T NAME OF First Middle DATE Month Year DECEASED (Type or print) DEATH 19 ğ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months DIVORCED | WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) C pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages Unknown 10 Page 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: leute congestiva IMMEDIATE CAUSE (0) 36 hra 903.0 DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO R 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 shauld the ward 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year EXAMINER: (County) (State) factory, street, office bldg., etc.) While Not while 195 at work of work writing 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection/ Inquiry and find that death resulted fram: Natural causes Accident V. Suicide Homicide , Undetermined cause 0 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER farwarded to FUNERAL EX SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER A 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) REMOVAL (Specify) 0 unil ADDRESS: 23. FUNERAL DIRECTOR'S SIGNATURE Caro. REC'D BY REGISTRAR 24b. REGISERAR'S SIGNATURE VS. A15ME(5) 5M 9/55

A productive and a factor to be a product of the first party of the first party of BUREAU V. S. TEST SI HAM

2051251XV3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

· Americano		E OF DEATH	CERTIFICAL	
			BIOLNIAN .	
		12 - 11 P. 19 19 19 19 19 19 19 19 19 19 19 19 19		
			HERENE SE COMPANY	
		The state of the same		
			Dornata,	,- May 03- 407- 42.
			TO DESCRIPTION OF THE PROPERTY OF THE	
	400000			
A THE PROPERTY	JA7	43,3 663	PEART DLOCK	
		ASIA NESS.	HEART BLOCK	
			PEAKT BLOCK	
			PEAKT DLOCK	
			ASSIGNATION OF SERVICE	
WATAU Y				
UREAU Y.				
L DATAU				
				AND THE PROPERTY OF THE PARTY O

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
03089	CEDTIEICATE	OF DEATH	

CEKIIFICATE OF DEATH

8 04217 Reg. Dist. No. 2/

	1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE MARYLAND	b. COUNTY MONTO	fore admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) SILVER SPRING	c. LENGTH OF STAY IN 16 3 YRS	c. CITY OR TOWN (If outside ca	rporate limits, write RURAL and give n PRING	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3507 HARRELL ST	address) FREET	d. STREET ADDRESS 3507 HARRI	ELL STREET	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) FREDERICI	K CHARLES	EVANS 4. DAT	MADOU 20	Poy Year 57
	5. SEX MALE 6. COLOR OR RACE 7. MARR WIDOWI	V	8. DATE OF BIRTH 9/25/72	9. AGE (In years lost lirthdoy) Manths Days	Hours Min.
	100. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) TEACHER	KIND OF BUSINESS OR INDUS	STRY 11. 8IRTHPLACE (State or foreign UTAH		OF WHAT COUNTRY?
	13. FATHER'S NAME FREDERICK H. EVANS		14. MOTHER'S MAIDEN NAME EMMA RAYMOND		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1		NFORMANT s. Ruth E. Yashko	, 3507 Harrett St.	
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) 493 X DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-	ne far (a), (b), and (c).] Plumoni	a ,	Silver Spring, N	TERVAL BETWEEN NSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT	artwork	NOT RELATED TO THE TERMINAL DISE		19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESI- OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year While P. m. 19 While of wor	Not while fac	ACE OF INJURY (Home, form, locally, street, affice bldg., etc.)	City or tawn) (Caunty	y) (State)
- Administration of the Administration of th	21. I certify that I attended the deceas alive on hearth 29, 19 3 ACTUAL SIGNATURE PHYSICIAN'S Michae R.	7, and that death		om the causes and on the distreet, city or town, state)	saw the deceased ate stated above. DATE SIGNED Thin 2 March 30
	220. BURIAL CREMATION, 226. DATE THEREOF TRANSPORTED STREET 3/31/57	LOGAN CITY C		CATION (City, town, or county) GAN, UTAH	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE	SILVER SPR	ING, MD. 240. REC'D BY REC	SISTRAR 246. REGISTRAR'S SIGNAT	JRE Dee

BUREAU V. S.

TEGOT OI AGA

I

W

TO DEPUTY MEDICAL EXAMINER: This cute the certificate, writing the ward "	forwarded to Chief Medical Exami TO FUNERAL DICTOR: Page 3 should ar remayal.
VS. A	15ME(5) 9/55

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03090 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

03065

1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	o. STATE MARYLAND b. COUNTY PR	INCE GEORGE
b. CITY OR TOWN (If outside corporate limits, write and give nearest town) SILVER SPRING	RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and LANGLEY PARK, HYATTSVII.	V
d. NAME OF HOSPITAL OR INSTITUTION (II		d. STREET ADDRESS	e. IS RESIDENCE
FLOWER DELICATESSEN	8707 FLOWER AVE.	8230 14th AVENUE	YES NO
3. NAME OF Firs DECEASED (Type or print) DAVII		Last 4. DATE Month OF DEATH MARCH	Doy Year 28 19 57
MALE WHITE		AUG. 20, 1895 fast birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) MERCHANT	one 10b. KIND OF BUSINESS OR INDUST	RUSSIA U	S.A.
13. FATHER'S NAME ELIAS FEINSTEIN		PESYAH GOLINOFSKY	
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. IN Mr.	s. Ida Feinstein, 8230 14th Ave	
PART I. DEATH [Enter only one coure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost. (c)	e per line for (0), (b), ond (c).] CORONARY OCCI		ONSET AND DEATH Sudden
PART II. OTHER SIGNIFICANT CONE 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	17 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE
	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeo Hour o. m. 19	20d. INJURY OCCURRED 20e. PLAC While Not while of work of otwork	CE OF INJURY (Home, farm, 20f. (City or town) (Corry, street, office bldg., etc.)	unty) (State)
21. I certify that I took charge death resulted from: Natural of			ry 🔀, and find that
SIGNATURE TRANS	Browthank	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S FRANK J. BRO		ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	3/28/57
220. BURIAL, GREMATION, 22b. DATE THEREO. REMOVAL (Specify) MIAIR. V.9, 23. FUNERAL DIRECTOR'S SIGNATURE B. DANZAHSKY +	1957 BNAL ISRAEL ADDRESS	CEMETERY OXEN HILL 240. REC'D BY REGISTRAR'S SIG	(Stote) M (). GNATURE CES Poller

	THE PERSON NAMED IN	Na 1518 SECTION	
	STREET BOOK		
and the second of the second o		MINN BEAT THE STA	
The Court of the State of the Court of the C			
		The second second second	
BUREAU V. S.			
VCGI & MdV			
401			
709 -09/20			
DECENTED.		A P PAREL	

MARYLAND STATE DEPARTMENT OF HULLTH-BALLINGEL IS KMEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No.

	20001		711 1101					
	1. PLACE OF DEATH O. COUNTY MONTGOINERY CO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE 480 - 16 45 54 N.W.	ce before admission)					
1	b. CITY OR TOWN (If outside corporale limits, write) c. LENGTH OF STAY IN 1b RUP) and give pearest favm)	c. CITY OR TOWN (If outside carporate limits, write RURAL and a	give nearest town)					
	d. NAME OF HOSPITAL (It not in Hospital, give street address) OR INSTITUTION 572 OFOSVENOR 2NO	d. STREET ADDRESS 2480-16 54 St.N.W.	e. IS RESIDENCE ON A FARM? YES NO FI					
	3. NAME OF DECEASED A First Middle	Last 4. DATE Month	Day Year					
	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.					
	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	44ne 22 1897 59 yrs.	Days Hours Min.					
1	during most of working life, even if retired) U.S. Lov.	Wash - D. C	U.S.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 17ss. no. or unknown) 1 (If yes, give wor or dottes of service)	NOTAL JOSEPHINE Address						
6	NO UNKNOWN D	r. Finucane - brother						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LEVELURAL A	Lewerrhage.	INTERVAL BETWEEN ONSET AND DEATH					
	33/X DUE TO ECCELE	HYDERTEUS	5 Mars -					
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-	HYPERTENSION	- years					
	lying cause last. (c) 17 KIERIOSCA		3 years					
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 9045FRACTURE 01= H1P 1N	NOV. 1956.	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING							
ď	Hour o. m. While Not while for	ACE OF INJURY (Hame, form, clory, street, office bldg., etc.)	County) (State)					
0	21. I certify that I attended the deceased from. Janu	, 1955, to March 29, 1957, that II	last sow the deceosed					
	alive on Massels 29, 1957, ond that death	occurred ot 1125P.M., from the couses and on the ADDRESS (Street, city or lawn, state)	he date stoted above. DATE SIGNED					
1	SIGNATURE SAMUEL DESOUTH	MD. 1302-1887h.W. Na	sol 6. D.C.					
	PHYSICIAN'S SAMUEL DESSOFT	<u> </u>						
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF DUNIS 1 Abril 1, 1957 Mt.	Plivet 22d. LOCATION (City, Jown, or county)	M. A.C.					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	WA 34 240. REC'D BY REGISTRAR 246. REGISTEAR'S SIG	NATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 uneral director. OR: After this certificate has been signed by the attending physician and campletely filled in by ached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 Then please remove carban vent within 72-haurs after de may be retained by
TO FUNERAL DIRECT
page 3 should be
the registrar prierry

I APA 1961

BUREAU V.







funeral director,

requires that the death certificate be executed within 24 haurs after death. Page

ATTENDING PHYSICIAN: The low

by After this certificate has been signed by the attending physician and campletely filled in by 2R: After this certificate has been signed by the attending physician and campletely filled in by cetached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 contraction are remaval, and in any event within 22 hours after death.

the registrar prior to burial, crematian, ar remaval,

TO FUNERAL DIN page 3 shauld TO HOSPITAL OR

VS A1S (4) 15M 9/55

Reg. Dist. No. 2 1/0

									DC CP
1. PLACE OF DEA' o. COUNTY Montgo	mery		MARYLA	ND	2. USUAL RESIDENCE (WH District of	ere deceased live	ed. If institution	an: Residence	before admission)
b. CITY OR TOVE RURAL and general Bethes	WN (If outside corparate limits give nearest town) da	s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	utside corporate	limits, write R	URAL ond give	e nearest town)
OR INSTITUT	OSPITAL (If not in hospitol, given in hospitol, given in it is in hospitol, given in hospitol, g			d.	d. STREET ADDRESS 713 "D" Str	eet, S.	E.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Myri	tle	Middle Lucill		Foley	4. DATE OF DEATH	Mor Ma	rch	Day Year 26, 19 57
5. SEX Female	7.72 4.4	7. MARRI WIDOWEI	NEVER MARRIED DIVORCED		June 13. 189	_ 1	GE (In years ost birthday) 58 yrs.		YEAR IF UNDER 24 HRS. ays Haurs Min.
10a. USUAL OCCU during most of Teache		one 10b. I	School	INDUST	RY 11. BIRTHPLACE (Stote Maryland	or foreign countr	γ)		S. A.
	J. Wilson		MET FIRE		14 MOTHER'S MAIDEN N				
	DEVER IN U. S. ARMED FORC	ES? 16. S	SOCIAL SECURITY NO.		ormaniThe Medi	cal Rec			Maryland
gave rise cause (o), sto lying couse	if ony, which to immediate aling the underlast. (c). OTHER SIGNIFICANT COND	Car Live	CENOMO O Cr, actrend ONTRIBUTING TO DEATH	P. P. BUTN	Gone dur	melas, a, and	taxes a au	to use	
OR CONTRIBU	IT WAS UNDERLYING 1		RIBE HOW INJURY OCC	URRED.	(Enter nature of injury in F	Port I or Port II o	f item 18.)		PERFORMED? YES NO
Hour o	NJURY Manth, Day, Year o. m. 19	While	Not while at work	PLA(E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (City or t	own)	(Cau	unty) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	y that I attended the March 26 Samuel Chara	. 19.5 Che,	7, and that de araele M.D.	eath o	The Clini National Bethesda	M, from the ADDRESS (Street, Cal Cen Institu	city or lawn, ter tes of	and an the	date stated abov
Bu FENOYA (Sp	MATION, 226. DATE THEREOF	7	22c. NAME OF CEMETE Arlingtor			22d LOCATION Arli	ngton	,,	(Stote)
23. FUNÉRAL DIREC	TOR'S SIGNATURE	4-	ADDRESS Washir		24a. REC'L	BY REGISTRAR	24b. REGI		-

no antibal apple de la carte d

BUREAU V. S.

7961- I 89A

BECEIVED

M

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03093 **CERTIFICATE OF DEATH**

215 Reg. Dist. No.

03068

	o. COUNTY	ontgomery		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE b. COUNTY							n) .
	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) Be the sda (Rural) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and South Arlington									URAL ond	give neare	st town)	
4				1 Day				TINGU	on	- 3.			
, .	d. NAME OF HOSPITA					d. STREET AD					•.	IS RESID	ENCE ARM?
	U.S. Naval I	Hospital, I	Be the	sda, Maryla	nd	381	.7 Soi	uth 9t	h Street	,		YES 🗌	NO TOK
3	3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Mon	th	Day	Ye	or
	(Type or print)	Jar	nes	Monroe		FROST	2	DEATH	Mar	ch	1	19	57
1	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	N E	B. DATE OF BIRTH	9.35		9. AGE (In years last birthdoy)		1 YEAR IF		
	Male	White	WIDOWE	DIVORCED		25 Oct.	1899		57 yrs.	Months	Doys	Hours	Min.
1	On. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA	CE (Stote o	or foreign co	untry)	12. CIT	IZEN OF	WHAT C	OUNTRY
1	U.S. Marine			.S.M.C. (Re	tire	ed) Nev	York	2			U. S	5.	
ī	3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			,		
	Charles From	st				Ann Ger	hard	t					
1	S. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	IFORMANT			Addr	ess			
Æ	Yes 1921	fyes, give wor or dotes of a L to 1932		nknown	(Si	ister) Mi	ldred	E. A	bel (Sam	e As	#2)		
' F				ne for (o), (b), and (c).]	1 \-	-					" "	AL BETY	A/EENI
	PART I. DEAT	H WAS CAUSED BY:		Mechalis		- tar o	idva	nced	action	-6	ONSET	AND D	EATH
1	002X	DUE TO				1	P	0 0				7	a, '
	Conditions if any which)												
	gove rise to immediate												
	lying couse lost.	ne under-											
1		ER SIGNIFICANT CON		ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMIN	JAI DISEASE	CONDITION GIV	FN IN PAP	T 1/01 19	WAS AT	ITOPSY
	Y	Chron		tiles - cust	1	lung de		* /	1. 0 1./	semo		PERFOR!	MED?
	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING	20b. DESC	RIBE HOW INJURY OCC	CURRED					9011			<u>но П</u>
		LI CAUSE OF DEATH MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour o. ji.	Month, Day, Yes		JURY OCCURRED 2	Oe. PLA	CE OF INJURY (H	ome, form,	20f. (City	or town)	(0	County)		(Stote)
	Hour o. j	19	While of work	Not while of work	roci	ory, street, office	biag., etc.)						
	21 I contifu the	at Lattended the	decease	ed from 28 Feb	mua.	rv 10 57	4- 7	March	10.57	45 4 1 1		41 1	
	glive on 1 Ma	arch	10						the causes a				
Т	dive on	. /	12	, and mar a	earn	occurred at _			eet, city or town,		ne date		abave.
	ACTUAL -	Handa.	9.1	asses of		TI C N					Mon		
1	SIGNATURE		3/ 1	- / /	^	I.D. U.S. I	vaval	nospi	tal, Bet	nesua	Mai	сута	110
	PHYSICIAN'S Har	old I. Pas	ses,	LT,MC,USNR		U.S. 1	Vaval	Hospi	tal, Bet	hesda	, Md	. 3.	-2-57
2	20. BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ON (City, town, o	r county)		(Stote)	
_	Burial	3-5-57		Arlington :	Nat	1 Cemete	ery	Arli	ngton, V	irgin	ia		
2	3. FUNERAL DIRECTOR'S	dille	him	ADDRESS			24a. REC'D	BY REGISTE	AR 245 REGIS	TRAR'S SIC	NATURE	7	- 17
L	IVES Funder	al Home, 2	847 W	ilson Blvd.	Arl.	. Va.	DATE 3-	2-57	Than	11 6	55	inn	rell

		ASHITHED CERTIFICA	
(T)	Mills mere March 1875	dollar de la compania del compania del compania de la compania del compania del compania de la compania del compania del compania de la compania de la compania del comp	
		60 Yest	COLOR DE LOS DE LA COLOR DE LA
	6607 14-0 Gz		and the second
	TWY west to		U.s. balan Corps
	TOTALES UN		the manufacturers
(2 th small) is	(. Berieri (muu		A STATE OF S
BUREAU V. S.	en ermen en ermen en ermen en ermen er ermen er et er		Property of the property of the decide of th
	ACCEPTANCE AND ACCEPTANCE OF THE CONTRACT OF T		

03030 CERTIFICATE OF DEATH

Reg. Dist. No.

Months

MONTGOMERY

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

ONSELAND DEATH

PERFORMED? YES TI NO

(Stote)

DATE SIGNED

(Stote)

Dovs

(County)

e. IS RESIDENCE

ON A FARM

YES NO A

Year

19

57

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY filed MONTGOMERY MARYT.AND b. COUNTY MARYLAND CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NORTHAMPTON DRIVE WASHINGTON SAN. & HOSPITAL First Middle 4. DATE Month DECEASED LEE MARCH CARLOS GARTRELL DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years las birthdoy) MALE WHITE AUG. 27. 1924 WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) D.C. Govita SILVER SPRING. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEPHEN GARTRELL HELEN CHANEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Eugenia R. Gartrell. 923 Northampton Dr. Yes offending Silver Spring. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m 1016 23 1952, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at A.M., fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL DIRE SIGNATURE PHYSICIAN'S JOHN J. CURRY NAME (Type FUNER/ 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge WOODBINE, CARROLL COUNTY, MD. MORGAN CHAPEL CEMETERY 0 23. FUNERAL DIRECTOR'S'SIGNATURE

SPRING, MD.

24a, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

THE PERSON NAMED IN COLUMN

A STATE OF THE PERSON NAMED IN COLUMN

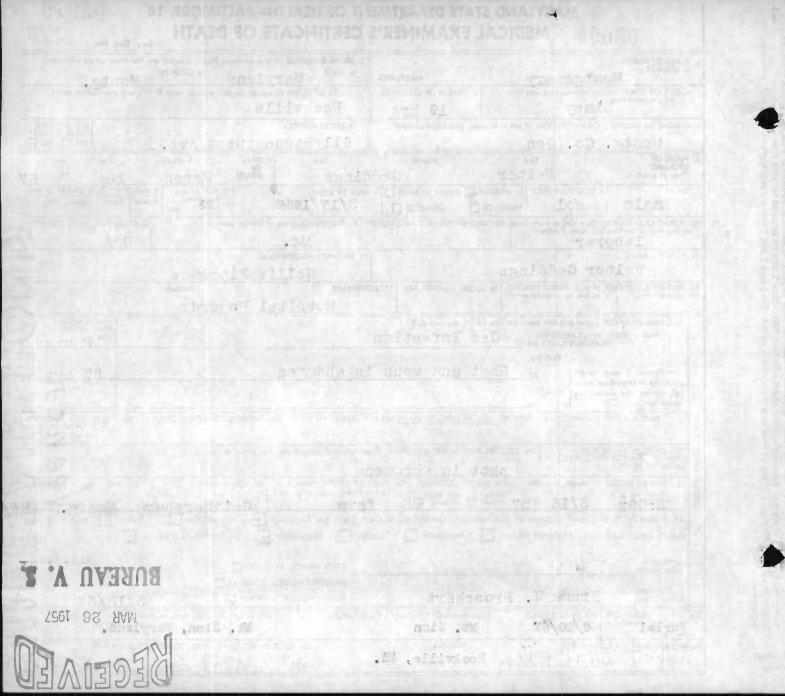
BUREAU V. S.

7291 72 AAM

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Poge .5 n Give EXAMINER: MEDICAL



Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 1957 March IF UNDER 1 YEAR IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? U.S. Mrs. Sallie Peirce Gibson (Same as INTERVAL BETWEEN ONSET AND DEATH sim Edlar S Peruseleratie Cardiovascular deses PERFORMED? YES NO (County) (Stote) that I lost saw the deceased and that death occurred at 6:15P. M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Naval Hospital, Bethesda, Md. U.S. Naval Hospital, Bethesda, Md. 22d. LOCATION (City, town, or county) (State) Arlington, Va.

CERTIFICATE OF DEATH

The first control of the first

All a len to the len t

The second of th

o material successful and the second successful success

BUREAU V. S.

THE BUT AND

1921 'S A9A

DECENTED

ARYLAND STATE DEPARTMENT OF	HEALTH-BALTIMORE, 1	18
-----------------------------	---------------------	----

03072

0	3095	CERTI	FICAT	E OF DEAT	Н		Reg. D	ist. No.	21	16
1. PLACE OF DEATH COUNTY Montgomery		MARY		o. STATE Maryla		b. COUNTY	on: Reside		e admissi	ion)
b. CITY OR TOWN (If outside corporo RURAL and give negrest town) Bethesda	te limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpor				rest fown)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION 4401 East-West H	The state of the s	oddress)		d. STREET ADDRESS 4401 East		t Highwa	ıy			FARM?
3. NAME OF DECEASED (Type or print) AGNES	First c	J. GOLUI	MBUS	KI Lost	4. DATE OF DEATH	March		Do		Yeor 19 57
5. SEX 6. COLOR OR Whit		RIED NEVER MARRIE		anuary 21,	1870	9. AGE (In yeors lost, birthdoy) yrs.	Menths:		Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if Housewife	work done 10b. retired)	Own Hom	R INDUSTR	Poland	or foreign co	untry)	12. C	US	F WHAT	COUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					11 11
Andrew Moskw	a			Anna Adar	nczyk					
15. WAS DECEASED EVER IN U. S. ARME (Yes. no, or unknown) (If yes, give wor or de		None		A. Gelum	bis-Ite	m# 2	ress			
Conditions, if ony, which gove rise to immediate cotse (o), stating the underlying cause last.	UE TO (b) UE TO (c)	reliral	<i>J</i>	hiombo	sis	,		ONS 2	RVAL BET ET AND	DEATH AS
PART II. OTHER SIGNIFICAN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)							EN IN PA	RT 1(o) 15	PERFO	RMED?
	EATH NER)	CRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in	Port I or Part	II of ifem 18.)				
20c. TIME OF INJURY Month, Day Hour o. m. p. m.	While	NURY OCCURRED Not while t ot work	20e. PLACI foctor	OF INJURY IHome, farm y, street, office bldg., etc	n, 20f. (City	or town)		(County)		(Stote)
21. I certify that I attended alive an 3/15/	the deceased in 192		death o	, 19 <u>5 7</u> , to <u>5</u> ccurred at <u>2</u>		the causes of the cause of the causes of the causes of the cause o	and an	the dat	e state	
PHYSICIAN'S Paul D.	Cantor	4709 M	ontgo	mery Lane	, Beth	iesda, M	d.			
220. BURIAL, CREMATION, 22b. DATE T Bur-transit 3/18/		New Cath				Castle C		Del	(Stote	
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphre	y-7557	Wis. Ave. B	ethes	ada N/I d	D BY REGISTR	RAR 24b. REGIS				pion

TO HOSPITAL OR VS A15 (4) 15M 9/55

	SHALLENE WILLY HAD TH	BATHAMIN BLATE	
100 per 100 per		CERTIFICAT	
es noroll	bestyra		Avairation ery
	00 U(0	ST HE CHESTER OF	de ante a
erie	ni ras Vietada Niesie		with the section of the
	M la	nawy log . a	STROAT STREET
1 2	118 7 31, 1870 17		elu els is
	orelo.	J 11 1 1. 1.	learewire
	2 (SS) AS) - CIL		nordw Micskwa
in the second	mul-icarlo.	on.	No. of the second
			A STANLEY OF STANLEY OF
			Street Control of Cont
	a stragger asked to deline		
	All models		The state of the s
BUREAU V.	e Acquirence		
7561 IS AAM	ery Lane, Settind	0010 - 0074	m. and Center
Zeor to dan			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
DECEIVE			to t-tong nu

Items 7, 10a FilmG213 4-8-CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY ed MARYLAND Montgomary land E b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town days WYINAS roma e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS ON A FARM? Margareks, Way YES NO M Jashmalan dan 2 O Middle 4. DATE 3. NAME OF Month Last Year DECEASED 3 DEATH (Type or print) 19 5 24 IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED last birthday) Months Days Hours WIDOWED | DIVORCED | papers. 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Retired Carpenter pup est carban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ofter physician DILL SO JOSCION move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give war at dates of service) Nona NONO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate per DUE TO cause (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While Not while at work at work p. m. 21. I certify that I attended the deceased from March 19_5___that I last saw the deceased and that death occurred at 1.25 MM, from the causes and an the date stated above. alive an Inc. ADDRESS (Street, city og town, state) DATE SIGNED ACTUAL DIRE 80 Pri В PHYSICIAN'S NAME (Type) FUNERAL ന 22b. DATE THEREOF 22d, LOCATION (City, town, or county) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Spegify) A 10 ADDRESS 246. REGISTRARIS SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR DATE 1SM 9/5S

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENAEL

BUREAU V. S.

VPR 2 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

b. COUNTY Montgomery e. IS RESIDENCE ON A FARM? YES TO NO PA March IF UNDER 1 YEAR IF UNDER 24 HPS Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 1957 that I last saw the deceased (State) 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No. 26

Mary Land State of the Control of th				
And of colors of the colors of		brakerak		
Front Stand Stand County Stand		distant mortice		
TO THE VOICE OF THE PARTY OF TH		Jack seas 1321	. Net manib In. Ed.	
THE PROPERTY OF THE PROPERTY O	inch 6,		(wide)	
NAR IS 1957 MAR IS 1957 MAR IS 1957		de la companya de la		Funite Miles
MAR 18 1957 COURT OF THE PROPERTY OF THE PROP		rayor val		
WAR 18 195				
WAR 13 192	business, the bank	July newsel (askyll) of	2001-17-110	
WAR 13 1957				
BUREAU V. BUREAU V. MAR 13 1957	Here yes			
BUREAU V. BUREAU V. MAR 13 1957				
BUREAU V. BUREAU V. MAR 13 1957				
MAR 13 1957				
WAR 13 1957	The second second	(1), (6) (a) (4), (5)	sedervol.	
SEL SI AAM	English Committee of the	of Incaption of		
	bnatt			
	and and			
	DECENA	The state of the s	15 5 36 K + 2 W	

72

VS A15 (4)

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Montana Montgomery b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give neorest town) Seelev Lake 63 x - 3 months Bethesda (Rura) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? U.S. Naval Hospital, Bethasda, Md. YES NO NAME OF 4. DATE Middle Lost Month Day Year DECEASED GREENING March DEATH (Type or print) Charles Ross 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Doys White 11-12-14 +2 yrs Male WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.Air Force U.S. Towa Avaiator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jewell Ross Charles W. Greening 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Dorothy W. Greening (Same As #2) Yes. June 6to3-29-18. CAUSE OF DEATH [Enter only one couse per/line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port It af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a m Nat while of work at work 21. I certify that I attended the deceased fram 31 Aug. 29 March that I last saw the deceased alive an 28 March and that death occurred at 1:000 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Naval Hospital, Bethesda, Md. 3-29-57 PHYSICIAN'S U.S. Naval Hospital, Bethesda, Md. NAME (Type) D. P. OSBORNE. CDR.MC.USN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington, Virginia rlington Nat'l Cemetery 4-4-5 Buria! (School Rec'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE DRESS Wisconsin Ave. Bethesda Md.

(EVELOPED A CHARLES IN LEGICAL) the system of the figure Plant of the first training and BUREAU V. S. Times it seek. Will have take the many disease of the control of t 1001 x 401 x 1001 erace so of the back of the K

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	03099 CERTIFICATE OF DEATH
	1. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE O. STATE O. COUNTY O. STATE O. COUNTY O. COUNTY O. STATE O. COUNTY O. COUNTY O. STATE O. COUNTY O.
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mrs. Green's Nursing Home d. STREET ADDRESS AND NO. W. W. YES NO. NO. N. A. FARM? YES NO. NO. N. W. YES NO. NO. N. W. YES N. W. YES NO. N. W. YES NO. N. W. YES NO. N. W. YES NO. N. W. YES N. W. YES NO. N. W. YES N. W. YE
	3. NAME OF DECEASED (Type or print) Cunthia (Name) Gritton 4. DATE OF DEATH Mar. 22 1951
	5. SEX OLOROR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost bighted) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
	13. FATHER NAME 14. MOTHER'S MAIDEN NAME UNENDUM OF
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no. or unknown) (If yes, give wor or devel of service) (Tohn S. Mansuy 9110 Breakford Rd Structure)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Usual Congressive heart facilities ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b) Nephentement heart desease, 5 yrs.
	lying cause last. (c) Pleneralized arteris selectores
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO 2.
- 11	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. ft. p. m. 19 White at wark at work a
	21. I certify that I attended the deceased from 1950, to 20 Man, 1950, that I last saw the deceased alive on 20 Man, from the causes and on the date stated above.
1	ADDRESS (Street, city or town, state) DATE SIGNED

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Wash

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE

CERTIFICATE OF SEATH

BUREAU V. E.

2961 23 8VV.

Was REGERALD

Bines 3-2557 Int. (levet 4. W = Lies Der - Work D.C.

TO FUNERAL DIRECTOR

VS A15 (4) 15M 9/55

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03100

CERTIFICATE OF DEATH

Reg. Dist. No. 216

03077

- Constant														
1.	. PLACE OF DEATH o. COUNTY Montgomery MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
r	b. CITY OR TOWN (III													
	900 . 9	Bethesda						Chevy Chase X2						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS e.						IS RESIDENCE		
	Suburban	Hospita	1			9911	Strat		e St.				YES	K) ON
3.	NAME OF DECEASED (Type or print)	ANNIE		LLAHER	HAI	LE los	1	4. DATE OF DEATH	Marcl	Month h 2	1,1	957		Yeor 19
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARR	IED B	DATE OF BIRT	н	14.1	9. AGE (In ye			1 YEAR	IF UNDE	R 24 HRS.
	Female	White	WIDOW	DIVORCE	ED [Feb.22	.1869		lost birthdo	yrs.	Months	382,	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS							12. CIT	IZEN O	F WHAT	COUNTRY?
	** * * * * * *	ing life, even if retired	'	O II		Geor	oia				1	US		
13.	HOUSEWIT	2		Own Home		14. MOTHER'S		AMF		-		00	-	
110	William	Gallahe:	ceco lu	FOCIAL FECURITY AND	2 127 121	FORMANT	nie A	insw		4 4 4				
(Y	s, no, or unknown)	If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO						Addres				
	No		N	one	R.).Hale	-735	West	Ave	-Ca	rter	CSV	ille	Ga.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Destructive grandice due to metastate, 2 weeks													
	199.9	DUE TO	463	reeusina	1/6	lever	76	iliere	1 sy	10	w			
	Conditions, if ony, which) (b) Premare, set o unlower													
	gove rise to in	ove rise to immediate												
	cose (o), stoting the under-													
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY													
CERTIFICATION	A STORY	Hen	era	liged (i	rler	iosale	resis				* 114 716	1,0,	PERFO	RMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Month, Day, Ye	20d. It While of wor	Not while		DE OF INJURY (or town)		(C	County)		(Stote)
-				5//	1 1	751	y. W.	~	51	トク				
	-11	at I attended the	deceas	Em Pro	100	7. 1957								
	alive on 211 G	view L	, 12.5	Z, and that	t death	accurred at						ne dat		
	ACTUAL SIGNATURE	thour 7	Wh	odware	M	.D	Dela	ADDRESS (SI	reel, city or to	M. st	ole)		DA	TE SIGNED
	PHYSICIAN'S AT	thur F. V	Vood	ward- Ro	ckvi	le Ma	aryla	nd			'			
22	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEN	AETERY OR	CREMATORY		22d. LOCAT	ION (City, to	wn, or	county)		(Stote	:)
Bu	REMOVAL (Specify)	t 3/22/5'	7	West Vie				Atlar			rgia	3		
	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a. REC'D	BY REGISTI		_	RAR'S SIG		E	
F	Robert A.	Pumphre	v-Be	thesda Mo	1.		DATE 2-	2.5-5		0.1		m 1	11.	1.
				and the court of the total	~ •		1 ()	0,0	1 1 / 1	VA.	111/	11 -	WADL	VVII AM

BUREAU V. S. 7201 88 AAM CORRECT A. LINGERY-detinogen. A. JEBGCO MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Day

USA

Days

(County)

YES NO

Year

19

Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES VI

NO T

(State)

DATE SIGNED

(State)

15M 9/55

HTARO RO BIADRINERO

net ex M

business.

TICK STREET

Chyun LE

vor fo

South a list of the

an Denamed State

Constitution of the second

Of Stanford

Colors and Colors

The second of

and the second of the second the Albert

T. H. Biggs. H. D.

BUREAU V. L.

A LANGE

Radius AAM · 1957

BECEINED

CERTIFICATE OF DEATH

Reg. Dist. No. 216

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) District of Columbia MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) ul days Washington d STREET ADDRESS e. IS RESIDENCE The Clinical Center, Bethesda 14, Md. 2228 - 40th Place, N. W. YES NO K Middle 4. DATE Month Year Sidney Hawkins DEATH March 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Davs June 21, 1900 DIVORCED [10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if refired)

Renegotiation Board U. S. A. Texas 14. MOTHER'S MAIDEN NAME John Sidney Hawkins Willie Lou Gibbs 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No or Unascertainable The Clinical Center, Bethesda 14, Maryland IB. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while at wark at wark 21. I certify that I attended the deceased from February 18, 19 57, to March 31, 19 57, that I last saw the deceased March 31 , and that death accurred at 8.30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL The Clinical Center National Institutes of Health PHYSICIAN'S Bethesda 14. Maryland John Laszlo, M.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Oakwood Cemetery Waco Texas 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR

0

a P

m

	ROUTED TO SOMEN		THE THREE PARTY.
	2225 - 1082 Camer, III		
	The state of the s	ar. Sotheadn III. Mi.	
in the same of the	Mary Landing	rent Et armin	
	0.6 21, 1902		Ab.Est C. A. Laco
		Deposit on trade against	
			Manual markets missing
	will be the		
	word Inthological the		
PRESENTATION OF THE PROPERTY AND INCOME.	. www. all. Aretail to an		
			telementary the late
BUREAU V. &	DIGHT AND LAND	puries or the DS St. Co.	Deline -
PHDEAH V S			
The state of the s			
7261 3 APA		State of the state	
~	TOTAL STATE OF SHARE	DESCRIPTION OF THE PROPERTY OF	
DIST = -051%	Tende		
DECENTED	DOMESTIC SHOP LY	TY STREET OF THE	
1911/11/11/11/11/11/11/11/11/11/11/11/11			

depth.

90

VS A1S (4) 15M 9/SS

APA 2 1957

ECEINE

HIGHER PROCESS CONTRACTOR OF THE PROPERTY OF T

M

90

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the hospital ar attending physician TO FUNERAL DIRE TO HOSPITAL OR

1. PLACE OF DEATH O. COUNTY Wontgomery	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE	re deceased lived. If institution: b. COUNTY	Residence before admission)		
RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Kensington			ton, D.C. 47	X-3		
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARME		
Kensington Gardens Rest I	Home	1325 Longi	ellow St., N. W	YES NO		
3. NAME OF DECEASED (Type or print) GLADYS	Middle E. H	ENDERSON	4. DATE Month OF DEATH March 8,	Day Year 19 57		
5. SEX 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED [3] B.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR		
Female White WIDOWED	DIVORCED	June 28, 18	lost birthday) A	Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (Stole o	07 1 0/ 1	12. CITIZEN OF WHAT COUNT		
during most of working life, even if refired) Secy. U. S	G. Govt.	Washingto	n D C	IIS		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
R. Milton Henderson		Lilly Petro	ola			
	AL SECURITY NO. 17. IN	FORMANT	Address			
[Yes, no, or unknown] [If yes, give wor or dates of service]			ley-3907 Asper	n St.		
NO		Decca A. Dib	1cy Chevy Cha	se, Ma.		
1B. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), ond (c).]	-	7 , 1	ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PU	regurdory	Tallers	12-hrs		
356.1 DUE TO	7	0 +1	- /	1.4.4		
Conditions, if any, which) (b)	Tha	Cnullu	lion	Co mo.		
gove rise to immediate (0	- 11 P	5. 000	> 1100		
tying couse lost.	(myote	coluc La	teral selero	ses 2 you		
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OF RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPS		
I CATI				PERFORMED? YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)			
	Y OCCURRED 20e. PLAC	CE OF INJURY (Home, form,	20f. (City or lown)	(County) (State		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Month, p. m. 19 While of work	Not while of work	ory, street, office bldg., etc.)				
21. I certify that I attended the deceased f	1/2	3.1956, to	3/8 1057	that I last saw the deceas		
7/8 57	7	032				
alive an 192	, and mai deam		DORESS (Street, city or town, sto	d an the date stated abo		
ACTUAL - +	(BA. Z)		Serves (Street, City or lowin, sto	2/2/5		
SIGNATURE 12	M	.D		2/-4/-2		
PHYSICIAN'S Frank Jaggers	5707 Wis. A	Ave., Chevy	Chase, Md.			
	. NAME OF CEMETERY OR	CREMATORY	M1 10C4710N14C'4 4			
DELIGNIAL ISISA	ongressional		Washington,			
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Betl	hesda. Md.			AR'S SIGNATURE		
		DATE 3 -	-11-57 17 Succes	ie Mr thompson		

81 ANOMINAS-	ENT OF HEALTH	NATIONAL DISTALLA	WATCHM
The same of the sa			to the latest the same
		quaries.	"Lauro" to v
	L ~ [United States	1.0 1.1 1
Address, J.V., . 13 wolls		LOS TOMESTS	a en carecta
7, 8, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	KO HELVEL		Yanao
	ina So	A TOWNSHIP	Siid elemen
1,	o mas	aveb	
21). 7 7 /111		105'.501.5 . 1.05'.
	00000 1. 215	None Live	De la company de
			est time and a markly at the first tracker for
		74.	
			CONTRACTOR OF THE CONTRACTOR O
		red but he	non all parameter your inter-
BUREAU V. S.	VV (V	AND TOPS	Propert Zent Propert
MAR 18 1957		fior set, not	
DECENTED	ADD SEC		Robert A. Pulnparey-

FTS-30-5255 ruth A. Menerenon sentences even, he

torrist and an occasion of the state of

BUREAU V. E.

2961 2 8VV.

WECENAL STATES OF THE STATES O

Betheads, M.

	-	LACE OF DEATH	3105			2 11011	A1 DECEMBAIGE	Mhaa daa	and the death	Lastitus'	Reg. Dis		d-ivia-1
0			Montgomery		MARYLA	0 61	AL RESIDENCE	(where deced		OUNTY	on: Kesiden	ce before	edmission)
	b	CITY OR TOWN (southide corporate limits, write Spring	RURAL	D. O. A.	1b c. C	W shin	(If outside cor	1	, write R	URAL ond	give neare	t town)
99	d		oft Sanata		pital, give street address)	d. S	TREET ADDRESS		.W.	No.			S RESIDENCE ON A FARM?
	-(NAME OF DECEASED Type or print)	Fin L111:		Middle	Higgin	Last	4. DATE OF DEATH		Month	2	Doy 1957	Year
	5. S	female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED [B. DATE O		913	9. AGE (In y lost birthdo)	yeors 1	FUNDER 1	-//	NDER 24 HRS.
I)	10a	USUAL OCCUPATION MOST OF WORKING	ON (Give kind of work of life, even if refired)	done 10b. K	IND OF BUSINESS OR IN			le or fareign	country)		12. CITIZ	EN OF WI	IAT COUNTRY
	13.	FATHER'S NAME Thom	as J. Hoy				ry Bart			BA			
0		WAS DECEASED EV	/ER IN U. S. ARMED FO IIf yes, give war or dates of		SOCIAL SECURITY NO.	7. INFORMAL La	urence	Higgin		ddress a.s	Item	2	
1007			TH [Enler only one cau		or (o), (b), ond (c).] hyxia die to		110					INTERVAL I	ETWEEN DEATH
479.9		PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)		rejecta age of	ONDE	us					D.	O.A.
		322, a	DUE TO	,	1, 1	Alcoho:						D.	O.A.
		322.8	DUE TO ony, which diole couse	,	1, 1							D,	, O. A.
2	CATION	Conditions, if a gove rise to imme (o), stating the couse last. PART II. OTI	DUE TO Ony, which diole couse underlying DUE TO HER SIGNIFICANT CON	69	1, 1	Alcoho:	lism	WINAL DISEAS	E CONDITIO	ON GIVER	N IN PART	[{o} 19. W	AS AUTOPSY BFORMED?
2		322, Conditions, if a gove rise to imme (o), stating the couse last.	DUE TO Ony, which diole couse underlying DUE TO HER SIGNIFICANT CON	DITIONS CO	x(gaibaeq	Alcoho.	Lism				N IN PART	I(o) 19. W	AS AUTOPSY BFORMED?
2		Conditions, if a gove rise to imme (o), stating the couse last. PART II. OTI	MMEDIATE CAUSE (e) DUE TO Pry, which diote couse underlying DUE TO HER SIGNIFICANT CONI USE WAS NTRIBUTING 20	DITIONS CO b. DESCRIBE	NTRIBUTING TO DEATH F	D. (Enter natur	Lism TED TO THE TERM TE of injury in Po	ort I or Part II			N IN PART	(o) 19. W PE YES	AS AUTOPSY BFORMED?
2	L CERTIFI	Conditions, if a gove rise to imme (a), stating the couse lost. PART II. OTI 20a. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m.	DUE TO Ony, which diole couse (b) HER SIGNIFICANT CONI USE WAS NTRIBUTING [12] RY Month, Day, Year 19 hat I took charge	b. DESCRIBE T 20d. It While of wor	NTRIBUTING TO DEATH BE HOW INJURY OCCURRED Not while of work emains described	D. (Enter nature PLACE OF INfactory, street	ED TO THE TERM e of injury in Per JURY (Home, for, office bldg., el	ort I or Part II	of item 18.) y or town) nspectian		(Coun	I(o) 19. W PE YES (AS AUTOPSY PFORMED?
2	L CERTIFI	Conditions, if a gove rise to imme (a), stating the couse last. PART II. OTI 20a. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify the	DUE TO Ony, which diole couse (b) HER SIGNIFICANT CONI USE WAS NTRIBUTING [12] RY Month, Day, Year 19 hat I took charge	b. DESCRIBE T 20d. It While of wor	NTRIBUTING TO DEATH BE HOW INJURY OCCURRED Not while of work	D. (Enter nature PLACE OF IN factory, street above, hel Suicide	TED TO THE TERM TO OFFICE OF INJURY (Home, for, office bldg., et al., al., al., al., al., al., al., al.,	rm, 20f. (City	of item 18.) y or town) nspectian ndetermin		(Coun	(a) 19. W PE YES	AS AUTOPSY BFORMED? NO [
2	L CERTIFI	Conditions, if a gove rise to imme (a), stating the cause lost. PART II. OTI 20a. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S	DUE TO Ony, which diole couse (b) HER SIGNIFICANT CONI USE WAS NTRIBUTING [12] RY Month, Day, Year 19 hat I took charge	b. DESCRIBE T 20d. It White of wor of the recauses	NTRIBUTING TO DEATH BE HOW INJURY OCCURRED 20e. Not while emains described emains described Accident	PLACE OF IN factory, street abave, hel Suicide M.D. C	ED TO THE TERM e of injury in Per JURY (Home, for, office bldg., el	rm, 20f. (City isy , li le , U EXAMINER CAL EXAMINE	of item 18.) y or town) nspectian ndetermin		(Coun — Inquiry use [].	(a) 19. W PE YES	AS AUTOPSY BFORMED? NO (State) Id find that
	L CERTIFI	Conditions, if a gove rise to imme (a), stating the couse lost. PART II. OTI 20a. EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU Hour o. m. p. m. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	MMEDIATE CAUSE (e) DUE TO DUE TO ONLY, which diote couse underlying DUE TO HER SIGNIFICANT CONI USE WAS NTRIBUTING D RY Month, Day, Year 19 hat I took charge of the charge of t	DITIONS CO b. DESCRIBE T 20d. If While of wor of the recauses Brosche	NTRIBUTING TO DEATH BE HOW INJURY OCCURRED 20e. Not while emains described emains described Accident	PLACE OF INfoctory, street abave, hel Suicide M.D. C	ED TO THE TERM THE OF INJURY (Home, for, office bldg., el d an Autop HOMICICAL SSISTANT MEDICAL EPUTY MEDICAL	rm, 20f. (City Isy , li le , U EXAMINER CAL EXAMINER [of item 18.) y or town) nspectian ndetermin		(Coun	1(o) 19. WP PE YES (AS AUTOPSY BFORMED? NO (State) Id find that

. . . THE REPORT OF THE PROPERTY OF BUREAU V. S. 7261 7 . AAM

VS A15 (4) 15M 9/55 75

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

8 03084 Reg. Dist. No. Z 2-3

1 PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
RURAL and give nearest tawn) Jakoma Park	Bethesdaxo
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Wash. San. + Hosp.	5902 Kingswood Rd, YES NO
3. NAME OF DECEASED (Type or print) I da Peane He	Hives DATE Month Day Year OF DEATH March 17 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years least birthday) Manths Days Hours Min.
Female white WIDOWED DIVORCED	8-14-91 (ast birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Honsewife	Vergenca america
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Perry	Sadonia Biggs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	FORMANT Address
unknown	Chark
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I, DEATH WAS CAUSED BY:	el Carcinoma Tois ONS AND DEATH
157 X DUE TO A O	
Conditions, if any, which) (Concurrent	a lath hancseas 14am
gave rise to immediate	0 -
lying cause lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO NO
). (Enter nature of injury in Part I or Part II of item 1B.)
	CE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
	tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram.	95, 19 , to3//7/, 195 /, that I last saw the deceased
alive on 3/13/57, 19, and that death	11 Character 1
FO H VIL	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL SIGNATURE	M.D. 3/1//>/
PHYSICIAN'S Chas H WILO HON	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CCREMATORY 22d. LOCATION (City, town, or county) (State)
burial 3/19/57 Salem Church	ch Cemetery Spottsylvania County, Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
The S.H. Hines Co. Washington, D	.C. DATE 3/19/37 1 WUNONA WOULD

HTATO TO STADRITHED

Generalizar carcinmatar

THE PARTY OF THE P

Ense

BUREAU V. S.

7261 CS 9AM



MYASC SO STADHITSED ERVO

BUREAU V. &

7261 31 AAM

haurs after death.

HOSPITAL

	MUFICIANO STATE DEPARTMENT OF MEALTHLEALTH
	the control of the second
	Augustus — of Shapes of Alberta (Shapes of Alberta) (Shapes of Alb
	The land of the second of the
Prop or to	The state of the s
BUREAU V. S	The state of the s
prop on top	The state of the s
BUREAU V. S.	The second secon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03107 CERTIFICATE OF DEATH Reg. Dist. No directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed MARYLAND son annie erai b. CITY OR TOWN (If outside corporate limits, white c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest-town) d STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE ON A FARM? 22 YES NO 2 3. NAME OF First 4. DATE Middle Lost Year filled DECEASED OF 195 (Type or print) DEATH 000 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years campletely birthdoy) Months Doys Hours DIVORCED [7] WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. and omestic rbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician B TISHER haurs remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 17. INFORMANT (If yes, give wor or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Py Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work 1957, that I last saw the deceosed 21. I certify that I attended the deceosed fram, M, from the causes and an the date stated above. alive an and that death accurred of ADDRESS (Street, city or town, state) DATE SIGNED RAL DIS FUNERAL I PHYSICIAN'S 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county)
Sandy Spring, Mi. 22c. NAME OF CEMETERY OR CREMATORY (Stote) Ash Memorial 3/25/57 0 DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR 1246 REGISTRAR'S SIGNATURE VS A15 (4) Rockville. Md. 15M 9/55

after death; Page

within

HOSPITAL

CERTIFICATE OF DEATH

BUREAU V. E.

7281 TS AAM



4 78/35/3

matter Tarrey

per la partir e la referencia de la companya de la

BUREAU V. S.

7201 21 AAM

		O	=	.00
5		Prol	00	1
0		50	6	
3	١	4		
2		by	2 5	
5		2.	0	
4		lled	58	
		ly fi	900	
1		ele		
200		dw.	per	
200		00 6	pd	eat
0		O	Pon	P Te
2		ion	CO	offe
3		ysic	ove	SUL
		ph	E	> he
2		ding	Se	n 7
מפכ		tenc	pleo	ithi
2		0	eu	2
5		#	는	eve
2		d b	mit.	3ny
0		gne	per	in
500	on.	o Si	sit	pur
20	Sici	bee	tron	al.
200	Ph)	So	P	DOVC
	ing	to T	50	ren
1	end	fica	the	0
2	to o	erti	9	ion
	0	nis o	USe	mon
2	pita	er if	for	Cre
5	has	Afte	hed	rio i
217	the	.: .:	toc	pnq
ī	0	Ü	37.00	r to
2	par	100	S F	Drio
3 4	foir	0 7	auto	6
-	e re	ERA	3 sh	Tist
2	a yr	S	96	rec
)	E	0	page 3 should received for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 and 2 billion	the
-	15	A14	14	1
1	5M	9	55	

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3()89
	03109 CERTIFICATE OF DEATH Reg. Dist. No. 214
	1. PLACE OF DEATH O. COUNTY O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) O. STATE MARYLAND 4. COUNTY D.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BETHESDA 14 24 hours TAKOMA PARK 17
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SUBURBAN HOSPITAL 8515 - HOOD STREET WES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT
	3. NAME OF DECEASED (Type or print) FRANCIS Middle Lost 4. DATE Month Day Year OF DEATH MARCH 2/ 1951
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH MALE WHITE WIDOWED DIVORCED APRIL 3 - 1900 56 yrs. DIVORCED APRIL 3 - 1900 56 yrs.
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. GOVT. DIST. OF COLUMBIA 12. CITIZEN OF WHAT COUNTRY? DIST. OF COLUMBIA U. S. A.
/	13. FATHER'S NAME TIMOTHY HORAN 14. MOTHER'S MAIDEN NAME UNKATHER'S MAIDEN NAME UNKATHER'S MAIDEN NAME
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8515 HOOD ST. ORS. CHRISTINA I HORAN TAKOMA PK. M.
2	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: MART 1. DEATH WAS CAUSED BY: DUE TO CONTRIBUTION (b)
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3-25-57 22c. NAME OF CEMETERY OR CREMATORY SILVER 22d. LOCATION (City, town, or county) (Stote) 4 22d. LOCATION (City, town, or county) ADDRESS, 4 10 10 140. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
S	Francis Collins 3821-14th New Work All 25-57 Bessie M. Klompsox

BUREAU V. A.

the same of the state of the same of the s

7261 9S 9AM

BECEINED

hours after death.

certificate

REEL OS AAM

A COLUMN TO THE REAL PROPERTY OF THE PARTY O

CHETEN .

Describeration of the party from Little Posts and the Posts



BUREAU V. S.

MIABURO STADRITUDO - TO ASSA

8

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death? Page 4

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03111 **CERTIFICATE OF DEATH**

8 03092 Reg. Dist. No. 2/4

	1. PLACE OF DEATH 0. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If instituti b. COUNTY		
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) SILVER SPRING	Since Aug. 156	c. CITY OR TOWN (If outside co		URAL and give ne	arest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ST. PHILOMENA I		d. STREET ADDRESS 10,613 EASTWOO	D AVENUE		•. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) HELENE	Middle CATHERINE	HUGHES 4. DAT	1/17		Yeor 19 57
	5. SEX FEMALE 6. COLOR OR RACE WIDOW		8. DATE OF BIRTH 11/10/91	9. AGE (In years lost birthdoy) 9. yrs.	Manths Days	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	OWN HOME	WASHINGTON,		U.S.	A.
1	JOHN KERN BENTLEY		MARY ELLEN N	LACBURY		
	IYes, no, or unknown) . Iff was nive war or dates of service)		. Walter C. Hughe		0,613 Eas	
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate couse (a), stating the under	rolving wh	A Lift Over	C Y Ou	Spring int	innette
	PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	PULS - APPEL NOT RELATED TO THE TERMINAL DISI	ASE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		CRISE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I ar	Part II of item 18.)		
	O Hour a.m. While		ACE OF INJURY (Home, form, 20f. (stary, street, office bldg., etc.)	City ar town)	(County)	(Stote)
	21. I certify that I attended the decease alive an March 20. 191		/ ' '	ram the causes of Street City or town,	and an the da	aw the decease ite stated abave DATE SIGNE
	PHYSICIAN'S WMFGREAT	YEY	Washing	Coy 12	Des	>
	220. BURIAL, CREMATION, 22b. DATE THEREOF 3/23/57	GATE OF HEAVE		ONTGOMERY		(Stote) MARYLAND
1	23. FUNERAL DIRECTOR'S SIGNATURE Warner Co. Fump dray	SILVER SPRIN	G, MD. 24a. REC'D BY REC	SISTRAR 246. REGI	STRAR'S SIGNATU	Lotter Later

At the sports of en la statione nech mont en la sa, da se un on avidne . . . Per Balance C. Calabas etc. 20,639 Englished Carlinous of hell Court + Christian June D Lewish Citing- selected 150 March 21 Water Comment Dager 20 Weshirten 12 mg

14

0

MARYLAND	STATE D	PEPARTMENT	OF	HEALTH-BALTIMORE,	18

03093

		031	12	CERTIF	IC/	ATE OF DEATH	1		Reg. Di	st. No.	21	6
1.	PLACE OF DEATH o. COUNTY Montgo	mery Count	У	MARYL	AND	2. USUAL RESIDENCE (WE d. STATE Washin	nere decease	D b. COUNTY	oni Resider	nce befo	re admissi	on)
	b. CITY OR TOWN (I RURAL and give no Bethes	t autside corporate limi arest town)	ls, write	c. LENGTH OF STAY IF	V 16	c. CITY OR TOWN (If o	outside corpo			-	rest tawn	, /
	d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospitol, g			own	d. STREET ADDRESS 4125 Harri		-	37. 4		e. IS RESI	DENCE FARIAN- NO DE
3.	NAME OF DECEASED (Type or print)	Fir Mark	60		Pic.	Lost Hull	4. DATE OF DEATH	March	lh	13,		rear 1957
5.	Male Male	6. COLOR OR RACE White	7. MARR	IED KNEVER MARRIED		8. DATE OF BIRTH June 30, 189	93	9. AGE (In years last birthday) 63 yrs.	Mooths Mooths	P3'	IF UNDE Haurs	R 24 HRS. Min.
10d	during most of work nufactor 1	ON (Give kind of work or ing life, even if retired or occupation	ione 10b.	KIND OF BUSINESS OR Salesman	INDUS	Montana	or foreign co	ountry)	12. CI		S. A	COUNTRY
13.	FATHER'S NAME Unkr	nown				14. MOTHER'S MAIDEN N	NAME NKNOWN					
	No or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of so	U	social security no.		ARCO MR	SAA	Addr 19eliv	ess (A	bov.	e) Rie	nd.
	PART I. DEA 420 e 1 Canditians, if a) "	my car		Occlusion					2 h	DEATH
	gove rise to in couse (o), stating lying couse lost.) DITE TO	a	stui de							107	n -?
CERTIFICATION		Obeo	ity			NOT RELATED TO THE TERMI			EN IN PAR	T I(a) I	PERFO	AUTOPSY RMED? NO
MEDICAL CERT	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee		NURY OCCURRED 2	POe. PL/	ACE OF INJURY (Home, farm	, 20f. (City		(County)		(State)
	p. m. 21. I certify the alive an/ ACTUAL SIGNATURE PHYSICIAN'S	John Ballohn G. Ball	decease, 19 0	ell	2	o , 19.50, to / accurred at //: 9	3 Mg		nd an t	he do	te state	d above
22 C	PEMOVAL (SPECIFY)	3/14/195		22c. NAME OF CEMEN Cedar Hil		R CREMATORY		TION (City, town, o		Ma	(State	

23. FUNERAL DIRECTOR'S SIGNATURE

Cedar Hill

ADDRESS

Robert A. Pumphrey-7557Wis. Ave. Beth. Md.

Prince Georges Maryland

24a. REC'D BY REGISTRAR DATE 3-16-57

24b. REGISTRAR'S SIGNATURE

1.1

YEST 61 AAM

obert A. wumparey-7557 als. Eve. E. dr. Md.

4		2	ج	-
90		Scho	3	
•		dire.	ed	
5		0	6 5	
9		ne.	0.	
er		2	à	
50				1
UL'S		by	9	
20		=	5	
24		ed	1 5	
E .		il y	960	
*		te	۵	
P		p	ers.	
S		0	do	oth.
ex		P	n n	de
Pe		0	۾	10
e		00	8	C
Fice		ys.	ove	STOC
erti		ď	E	200
2		ing	9	7
60		pue	60	thir
9		ŧ	0	×
=		è	The	eni
Po		7		2
es		2	Ē	000
-5		gne	be	. 5
req	on.	n Si	sit	pue
3	Sici	ee	Po	_
-	phy	35 6	-	DVO
F	9	À.	č.	8
Ä	ğ	g	e	7 70
3	tter	Ť.	S Th	-
YS	0 -	Cer	0	Dif.
F	-	Pis.	US.	S
9	pit	er +	fo	00
=	Pos	Aft	per	C
EN	he	å	Oct	ģ
A	20	0	0	ÇQ.
R	P	2		IDL
0	Dine	ō	Pin	20
TA	ret	AL	ho	fra
Sp	e	LER	3	Sich
5	dy	5	age.	P 1.0
0	E	0	ď	1
-	10	gen L 3 A		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death; Page 4	may be retained by the hospital or attending physician.	9/	55)

		03113	CERTIFIC	CATE OF	DEATH	1		Reg. Dis	t. No. 2	15	
	1. PLACE OF DEATH o. COUNTY Montgome	ry	MARYLAN	II o. STATE		rict (lived. If institut		e before ad	mission))
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give, nearest town) Bethesda (Rural)		c. LENGTH OF STAY IN 1	b c. CITY OF	c. CITY OR TOWN (If outside corporate limits, write RURAL of Washington 47x-3			-	ond give nearest town)		
1	d. NAME OF HOSPITAL (If not in ho OR INSTITUTION U.S. Naval Hospita	spitol, give street	oddress) Sda, Md.	d. STREET		Cathe	dral Av	e.,N.W		RESIDENCE N A FARM?	3
	3. NAME OF DECEASED (Type or print)	First Jules	Middle (nmn)		MES	4. DATE OF DEATH	Mo Mar		Doy 12	Yeor 19 57	7
	5. SEX 6. COLOR OF White		DIVORCED	8. DATE OF BIR	- 00-		9. AGE (In years lost birthdoy) 72yrs	Months	Doys Ho	NDER 24 HR	
1	10o. USUAL OCCUPATION (Give kind of during most of working life, even if Naval Officer	f work done 10b. retired)		red)	Virg	inia			ZEN OF WI	HAT COUNT	RY?
1	John James			Ann M	s maiden n aria J						
-	Yes 6-9-04 to 11-1	dates of service]		Official	Navy R	ecords		dress			
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	ED 8Y, AUSE (o) EV DUE TO (b) DUE TO	nphysemo	S Puel	O THE TERMIN	VAL DISFASE	CONDITION G	VEN IN PART	10-1	AS AUTOPS	
	PART II. OTHER SIGNIFICAN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	20b. DESC	CRIBE HOW INJURY OCCU						PE	RFORMED?	
	20c. TIME OF INJURY Month, Do	oy, Yeor 20d. It	Not while of work	PLACE OF INJURY foctory, street, offi	(Home, form, ce bldg., etc.)	20f. (City	or town)	(C	ounty)	(Stot	e)
,	21. I certify that I attended alive on 12 March ACTUAL SIGNATURE PHYSICIAN'S BRUCE L.	canaga,	7 ond that de	M.D. U.S.	8:40A Naval	•M, fram ADDRESS (Str HOSD)	the causes eet, city or town tal, Be	and an th . stote) thesda	e date si	DATE SIG	ove.
	220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) 3-14-		22c. NAME OF CEMETER Greenhill	Y OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		Stote)	
	23. FUNERAL DIRECTOR'S SIGNATURE	756 Penn	ADDRESS Ave., N.W.		24o. REC'D	BY REGISTE		ISTRAR'S SIG	NATURE	rel	le

(Species) over .e. de la reconstruction de la r	, /531				PRINTENSON	
Control (Level) Contro	1 3 3		MIABU RO EN	CERTIFICA	· ·	
Control (1972) Control (1972)		The state of				
					(400	
The state of the s						
COLUMN TO THE RESERVE OF THE PARTY OF THE PA			-		-10-25 (2 02 214	
Line are the country of the country		P.		(12))	
Control of the contro						
AND SELECTION OF THE STREET ST						
The state of the s						
BONEYA NA SANTANA NA S			Cubatta di Tri mmi			ciendo taleilo
			Commons great caledy	enilui suveni.		1 040-1 300
						Alle Street Hill
BUREAU V. S. T.						
						g to be the or
						are are
BOBEYO A 2					IN STATE OF STATE OF	PLANTA S
BUREAU V. S. 1957						
ALBERTA SE		TREADER TO		dexed of the		
ALEGE 1821	S.Y UAS	Dro-	net established the transfer of the contract o		College Market	
A I RASIM		Idila .	witer for I .u.l			
A I RASIM	R 15, 1957	AM	etiquel javet, il.			
		Translation of the				
DECENNE	21 A march	ETW.	BOTA ACIDS		Negree .	
	小小门里的	500	District State of State of			
	-0					

00.11	Reg. Dist. No. 212
1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Resmor Sanitarium & Hospital	d. STREET ADDRESS 4847 Crescent St. W. C. IS RESIDENCE ON A FARMING TEST ON A FARMIN
3. NAME OF DECEASED (Type or print) CHARLES J	JOHNSON 4. DATE Month Day Year JOHNSON DEATH March 3, 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	8. DATE OF BIRTH 2/28/1878 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Only Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) Retired Meat Merchant	Washington, D.C. USA
13. FATHER'S NAME Joshua Johnson	14. MOTHER'S MAIDEN NAME Veronica Wood
(Yes no or unknown) a 116 yes aim was as dates of sequine)	rs. Belle B. Johnson, Same as # 2
couse (o), stoting the under- lying couse lost. (c) Dia be fur melle	ins advanced peripheral 10 yrs.
ССАТІ	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port t or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. p. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from Per I alive on 3/2, and that death	S. A. THADDRESS (Street city or lown, state) DATE SIGNI
PHYSICIAN'S S. A. THOMAS, M. D. NAME (Type) 4801-48TH ST. N. W.	WASHINGTON, D. C.
	gton Cem Washington, or county) (Stote) 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRPORE. After this certificate has been signed by the attending physician and campletely filled in by tage 3 shauld to tracked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. TO HOSPITAL OR VS A15 (4) 15M 9/55

funeral director,

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

Te amount me		CANADA AND A	autoba.	140.0	AU no l'
	MA-172 - 0 0				AY SOLES
	A LIE TO	48.17 Gregor	IAU to	ioli a surinati	ima roman
	don't will			es.medi	
		- EVE 1 EVE	Control of the Contro	more surcessor	0 [61
ATT		tenarion4	dandersk t	101	land tell
		Yerose		monn	rio i suniso
D. B. WHICH	E THE PROPERTY	E series .			
					person the control of

03115 CERTIFICATE OF DEATH fgå Reg. Dist. No. director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE b. COUNTY MARYLAND hours after death. b. CITY OR TOWN (If outside corporate limits/write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO V 2. NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Days Hours Min WIDOWED | DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0 oug carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 00 72 Bu IVINGSTER 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MO IMMEDIATE CAUSE (a) DUE TO 5 Conditions, if ony, which Bued gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. 11. While Not while at work at work p. m. 21. I certify that I attended the deceased from 7. 19 7, that I last saw the deceased burial, R: A and that death accurred at AM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior DIRE 0 PHYSICFAN'S NAME (Type) FUNER 3 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or county) State) EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

BUREAU. V. S

7561 81 AAM



VS A15 (4) 1SM 9/5S M

	03	116	CERTIFIC	ATE OF DEA	TH		Reg. Dis	03097
1. PLACE OF DEATH a. COUNTY M OT	itgomery		MARYLAND	2. USUAL RESIDENCE o. STATE Maj	(Where decea	sed lived. If institut b. COUNTY		e before odmission)
b. CITY OR TOWN C	If outside corporate limi earest town) 12.50	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porate limits, write I		
d. NAME OF HOSPI OR INSTITUTION 3702 Ea	tal (If not in hospitol, s st Bradley	Lane	oddress) 3	d. STREET ADDRES / 3702 E		adley La	ne	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Doro	thy	Middle McAlpine	JONES	4. DATE OF DEAT	H March	2	Day Year 19 57
s. sex Female	White	WIDOW	Gran.	8. DATE OF BIRTH Feb. 6, 19		53 yrs.	Months 0	YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATI during most of wor Housew	king life, even it refired	done 10b.	KIND OF BUSINESS OR INC	ustry 11. BIRTHPLACE (S		country) [aryland	12. CITI	USA
13. FATHER'S NAME James I	B. McAlpin	e		Anne Pee				
1S. WAS DECEASED EVI [Yes, no, or unknown] No	ER IN U. S. ARMED FOR (If yes, give war or dates of s			informant Anne Pruitt -	-7316 I		ress pringf	D. C. ield, Wash
Canditions, if a gaye rise to case (o), stoting lying couse last.	the under-	M	rcinoma of E etastases - g					4 years
SATA CATA			ONTRIBUTING TO DEATH B				VEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR			art II of item 18.)		
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Doy, Ye	While		PLACE OF INJURY (Home, factory, street, office bldg.,		ity or town)	(C	ounty) (State
alive an Fe		12	Krism	, 19 <u>53</u> , ta th accurred at <u>7:50</u> M.D. 1835 Eye	ADDRESS	om the causes (Street, city or town,	and on th	DATE SIGN
22a. BURIAL, CREMATIC REMOVAL (Specify BUTIAL) 23. FUNERAL DIRECTOR	3/4/1957		22c. NAME OF CEMETERY Rock Creek ADDRESS		Was	ATION (City, town, hington	or county)	D. C.
Robert A.	Pumphrey-	7557	Wis. Ave. Be	thesda, Md	REC'D BY REGION $3-2-6$		in M.	Homkson

MADVIAND STATE DEPARTMENT OF HEALTH PALTIMODE 10

MARYLAND STATE DEPARTMENT OF HEALTH-DALTIMORE, 18 CERTIFICATE OF DEATH

	nsiy ca		Anomos pour
	is ver	2v Jears	of the Marie
in a second	e museum El 2702 Enst Bradley	300	
r) 2 (0)		anigles in y	Lorun
1850	eb. , 1894		ο Ιεπε
بالد	the functions.		ouseri.
	leerein		James E. Mo lpino
. U. S. aprin 10.0, 351	15	r snov	ON.
MERSE .	tens	91 d d d d d 10.7	
	besilene	Metastases – gen	
BUREAU V.	1 . (c) . (c		
TEGI. 3 AAM.	ATURA PRESENCE, IN.	a comment of	
			senife color land
JAIJOE 10	1.11.1	Alexa No E	
	وة كي ر	of His. Eve. Deth	obolik K. Tumphrey-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03036 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

030	98/13
Dist. No.	77

				Kog. Dist. 140	7.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W	There deceased lived. If institut		fore admission)
Montgomery	MARYLAND	Mary Mary	rland b. COUNTY	Montg	-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write	RURAL and give n	eorest tawn)
Takoma Park	DOA	Silver Spr	ring 5	6	
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospital, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
Wash. San. and Hosp.		White Oak,	Stewart Lane		YES NO NO
3. NAME OF First (Type or print) Samuel Hen	Middle 1ry Joppy	Lost	4. DATE Month OF DEATH Mar.	29, 195°	
S. SEX 6. COLOR OR RACE 7. MARRI	IED T NEVER MARRIED [8.	DATE OF BIRTH	9. AGE (In years last birthday)	IFUNDER TYEAR	
male col WIDOWE	ED DIVORCED	3/14/1918	39 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired)	kind of Business or industrarbage truck	RY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Henry Joppy		Annie Nea	1		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	Hosp. Recoi	Address		
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTE	RVAL BETWEEN ET AND DEATH
PART I. DEATH WAS CAUSED BY:	Coronary Occl	usion		SI	et and Death udden
IMMEDIATE CAUSE (o)					
Conditions, if ony, which) (b)					
gove rise to immediate couse (a), stating the underlying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	VALDISEASE CONDITION GIVE		9. WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED. (E	nter nature of injury in Port	f or Part II of item 18.)		
Hour a.m. Whil		CE OF INJURY (Home, form, ery, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. 1 certify that I taak charge af the death resulted from: Natural causes ?					, and find that
ACTUAL FRANK J. B.	without	_M.D. CHIEF MEDICAL EXA			DATE SIGNED
EXAMINER'S Frank J. Brosch	nart	DEPUTY MEDICAL E		3/29/57	
220. BURIAL, CREMATION, 22b. DATE THEREOF 4/1/57	22c. NAME OF CEMETERY OR Lincoln Park		22d. LOCATION (City, town, o Rockville, M		(State)
23. FUNERAL DIRECTOR'S SIGNATURE	Rockville, Md.	24a, REC'D		TRIA'S SIGNATUR	RE

VS. A15ME(S) SM 9/55

PLOSE THE Intel agrant FLAN IN FLAN AND MEN AND MARKET WITH THE PARTY OF THE PAR BUREAU V. 7291 8 APA Lisecha Fark. Tackville, tg.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03037

8	0	3099
Reg. Dist.	No.	223

1.	a. COUNTY	lontgomery	MARYLAND	- CTATE	rland b. COUNTY	ian; Residence before admission)
	b. CITY OR TOWN (If ond give mare) town) Takon	outside corporate limits, write BURAL	c. LENGTH OF STAY IN 16 24 hrs.	country of	autside corporate limits, write	RURAL and give nearest town)
		Sanatarium &	hospital, give street address) Hosp.	d. STREET ADDRESS / 8430 Pine	y Branch Court	IS RESIDEN ON A FAR YES NO
3.	NAME OF DECEASED (Type or print)	Joseph	Middle J	ustus	4. DATE Month OF DEATH Mar. 2]	Doy Year 1, 1957 19
5.	male male		ARRIED A NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost birthday) 63 yrs.	IFUNDER TYEAR IF UNDER 24 Months Days Hours Min.
10	during most of working	N (Give kind of work done) life, even if relired) MAKET	06. KIND OF BUSINESS OR INDUST	ry 11. Birthplace (Stote German)		12. CITIZEN OF WHAT COUN
13	. FATHER'S NAME Augu	st Justus		14. MOTHER'S MAIDEN N	Elizabeth Rhin	ehart
		R IN U. S. ARMED FORCES? (If yes, give wor or dotes of service) WW #1	16. SOCIAL SECURITY NO. 17. IN 578-09-5886	Hospital Red	Address	
ATION	Canditians, if an gave rise to immed (o), stating the ucouse last.	inte couse (b) DUE TO (c)	Cerebral Hemorri	1	NAL DISEASE CONDITION GIVE	ONSET AND DEATH 22 hrs. EN IN PART 1(0) 19. WAS AUTOF PERFORMED YES NO.
AL CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF GON CAUSE OF DEATH.	TRIBUTING D Fe.	CRIBE HOW INJURY OCCURRED. (E	steps		
MEDICAL		3/20/57 ₁₉ of I took charge of the	Mhile Not white of work of work of work. Not white of work of work of work of work of work.	nome affice bldg., etc.	Silver Sprin	Inquiry E, and find
	ACTUAL SIGNATURE	1 1	worthert	_M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	CAMINER AL EXAMINER	DATE SIGNES
22		N, 226. DATE THEREOF 3/26/57	27c. NAME OF CEMETERY OR Arlington Nat!	1. Cemetery	22d. LOCATION (City, lown, o Arlington, Vi	
23	FUNERAL DIRECTOR	S SIGNATURE	LEEN 843486	LUL STATE 3	D BY REGISTRAR 246 REGIS	TRANSSIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed to cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to hief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DELACE: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior contains. VS. A15ME(5) 5M 9/55

or remaval.

rial, cremation,

I

BUREAU V. K.

THE SEC.

described to the second second

Maria de divine

ARTON AND A CONTRACT OF THE PARTY OF THE REAL PROPERTY OF THE PARTY OF

The state of the s

7201 78 AAM

BECEINED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03117 CERTIFICATE OF DEATH

(13100) Reg. Dist. No. 216

1. PLACE OF DEATH O. COUNTY Montgomery MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Virginia b. COUNTY Pazewell			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Betnesda 108 day	The state of the s	neorest town)		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clinical Center, Bethesda 14,	Md. d. STREET ADDRESS 63	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First Midd Lycur (Type or print) William Lycur	gus Justus OF March 2	77, Year 57		
5. SEX 6. COLOR OR RACE White Whose Widowed Divorce	CED October 31, 1878 Ost 78 yrs. Months Day	AR IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Railroad Conductor Railroad		OF WHAT COUNTRY?		
13. FATHER'S NAME Robert Justus	14. MOTHER'S MAIDEN NAME Sarah Ledgewood			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N Yes. no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates or give wor or dates or give wor or dates or give wor or da		Maryland		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DEMA DUE TO	OF LUNGS	TERVAL BETWEEN NSET AND DEATH 3 hrs.		
Canditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost. Canditions, if ony, which gove rise to immediate couse (o) to immediate couse (o), stating the under-lying cause lost. Canditions, if ony, which gove representations of the country of the count	NEPHRITIS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	Years 19. WAS AUTOPSY PERFORMED?		
OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Part I or Port II af item 18.)	YES NO		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (Caunt			
	cember 9, 19 56, to March 27, 19 57, that I last at death occurred at 9:30A M, from the causes and an the causes (Street, city or town, state) The Clinical Center National Institutes of Health	DATE SIGNED		
PHYSICIAN'S Daniel Nathans, M. D.	Bethesda li, Maryland	on / /		
ur-Transit 3/28/57 Richlan 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	(Stote)		
Robert A. Pumphrey-Bethesda, Md	DATE 3-20-6/ Bessi M)	homparen		

Lieuwsi	Shippy Ship	TI NOT MON			
		anab Col	Migod		
		serveu My Ha.	Citates Capture		
S Ala San	estant.	amiltoni mil			
	Market R. 1178	Top 3	aride no		
	Tennessen	Redirone	responsible pact	Ltail	
	Sarah Ledgewood		married dres		
makers, all assesses	, reduced Landau Conv.	plusidava son			
BUREAU V. S. BUREAU V. S.	The Clinical Control of the Control	in St. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	fin Inlant St	LATE OF THE PARTY	

-92	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	03118 CERTIFICATE OF DEATH	131414
	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE MARYLAND b. COUNTY ON TECH	e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) SILVER SPRING 10 mon LS. SILVER SPRING	
00	OK INSTITUTION	. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ANNIE GENTUIEVE KEEGIN 4. DATE Month Doy OF DEATH MARCH	Yeor 1957
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED DIVORCED DIVORCED DIVORCED NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	Hours Min.
X	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF 12. CITIZEN OF 13. CITIZEN OF	WHAT COUNTRY
	JOSEPH FRANCIS KEIM (KIEM) 14. MOTHER'S MAIDEN NAME MARY NEIDEM	EIR
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no. or unknown) (If you, give your or dollar of service) Silver Spring	q had.
	PART L DEATH WAS CAUSED BY. O. L. U. L. K. J	T AND DEATH
	conditions, if ony, which) (b) Arterios/cerotic Heart Disease	2 iseurs
	gove rise to immediate couse (o), stating the under-lying cause lost. DUE TO Arterios (e) Arterios	jears.
D	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. p. While Not white of work o	(State)
	21. I certify that I attended the deceased from June, 1955, to February, 1957, that I last save alive an Feb 24, 1957, and that death accurred at 14 P.M. from the causes and an the date	
	ACTUAL SIGNATURE Ruhand a. Mater M. Olnen M. College and an the date of the signature of the college and an the date of the college and the co	DATE SIGNED
/	PHYSICIAN'S RICHARD A. YATES	110-1
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) 3/4/1957 MT. CLIVET CONFICELY WAS HINGTON D.	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS?, ADDRESS., ADDRESS?, ADDRESS.,	tten
	HARA 1337 STANKS	8

the first of the Control of the Cont

STATE OF STA

Statistical Comment of the Comment o

TOOL & NAM

M

0	3	1	1	9
0	U	.4.	1	*

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03102

Reg. Dist. No. 218

1. PLACE OF DEATH o. COUNTY	entgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Month.				
b. CITY OR TOWN (I	f outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RURAL	and give nea	rest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (IF not i	n hospital, give street address)	d. STREET ADDRESS				o. IS RESIDENCE ON A FARM?
RFD	# 3		RFD 9	4 3			YES NO DE
3. NAME OF DECEASED (Type or print)	First	Middle Eunice Kelch	lost ner	4. DATE OF DEATH	Month Mar. 22.	Day 1957	Year 19
5. SEX femake		ARRIED NEVER MARRIED 8	May 5. 1904	lost b	(In years IF UNI Month		F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working House	ng life, even if retired)	06. KIND OF BUSINESS OR INDUST	,			CITIZEN OF Y	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			
Joseph	J. Matthews		Nellie	G. Huhn			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		aul B. Kelch	ner, Rock	Address Ville, Mo	i.	
Conditions, if a gave rise to imme (o), stating the couse lost. PART II. OTI PART II. OTI PART II. OTI PART II. OTI OTI OTI OTI OTI OTI OTI OTI	diote couse DUE TO (c)	4S CONTRIBUTING TO DEATH BUT N					WAS AUTOPSY PERFORMED? S NO 3
	NTRIBUTING	CRIBE HOW INJURY OCCURRED. (E	nter nature at injury in Port	t I ar Port II of item	18.)		
20c. TIME OF INJU Hour o. m. p. m.			CE OF INJURY (Home, farm ery, street, affice bldg., etc.		n)	(County)	(Slote)
ACTUAL SIGNATURE	fram: Natural cause	ontent	cide, Homicide M.D. CHIEF MEDICAL EX ASSISTANT MEDICA	AMINER AL EXAMINER	rmined cause		and find tha
	rank J. Brosch	22c. NAME OF CEMETERY OR	DEPUTY MEDICAL	22d. LOCATION (C	Mar. 23	ty)	(Stote)
Burial 23. FUNERAL DIRECTOR Ernest	3-25-57 'S SIGNATURE C. Gartner.	ADDRESS Gaithersbu		D BY REGISTRAR	24b. REGISTRAR'S		Dog

VS. A15ME(5) 5M 9/55

ar removal.

THE RESERVE TO A SECOND PROPERTY OF THE PARTY OF THE PART

The second of the second secon

BUREAU V. S.

AI3938

7301 TS 9AM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Burno (Carl 10 Years) Dr. Berry Out of the Admin Star BUREAU V. E 7861 IS AAM

SECENTED

death.

ofter

0 14/XY

			A Line of the Case of a control of
		TO THE REAL PROPERTY.	
	A TOWN		
The state of the s		and the same	
BUREAU V.			
			. The state of the state of
- sunth			
SECELVED 1967			The second

\$ 2, ond EXAMINER: MEDICAL DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY onte c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Doy Year 31. 57 19 .ar. IF UNDER TYEAR IF UNDER 24 HRS. Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH suden PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES PT NO F (County) (Stote) ontg. lid . Inquiry and find that Undetermined couse DATE SIGNED

DATE

3/31/57

per of

(Stote)

al

VS. A15ME(5) 5M 9/55

APR 3 1954 DECENTED

BUREAU V.

he has been a dealer to be a management of the property of the state o

03123

03106

• • • • • • • • • • • • • • • • • • • •	[130		CERTI	ICA	L OI DLA				Reg. Di	it. No.	al	9
1. PLACE OF DEATH o. COUNTY M	ontgomery		MARYI		a. STATE Mary	(Where de		d. If institution b. COUNTY				sion)
b. CITY OR TOWN (If RURAL and give ne	autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If autside	carporate l'	imits, write Rt	JRAL and o	give near	rest tawr	n)
Bethesda			2 days	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 Chevy C	Chase						
d. NAME OF HOSPITA	AL (If nat in haspital, g	give street	address)		d. STREET ADDRESS	S				•	. IS RES	FARM?
	Suburban H	osp.			4312 Wi	llow	Lane					NO 🖾
3. NAME OF DECEASED	Fir	st	Middle		last	4. D.	F	Mon	h	Day	,	Year
(Type or print)	Addie		Drullard		Koch	DI	EATH	Mar		16		19 57
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D B.	DATE OF BIRTH		9. At	GE (In years st birthday)	IF UNDER			
Female	White	WIDOWI	DIVORCE		March 28,	1873	83	87 yrs.	Monins	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDUSTR)				COUNTRY?
Housewife	ing life, even if retired	-			Buffalo	, New	York		I	J.S.	A.	
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME						
Geo	rge Edward	Drul	lard		S	Susie	McKer	ma				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT			Addr	ess			
Tres, no. or unknown)	ir yes, give wor or doins or s	ervice;		Mr	s. Ross Mc	Neil	S	Same as	#2			
18. CAUSE OF DEA	TH [Enter anly ane co	ouse per li	ne for (a), (b), and (c).									TWEEN
	TH WAS CAUSED BY:	Kan	Youch =		100-316	-8-7-	2-62-	100		ONSI	ET AND	DEATH
11500	IMMEDIATE CAUSE (a	-	0 /	1	1.		1.	1				-
Conditions, if ar		91	(6 kg - d	6.0	- def	al and the second	· James	- h - h we	-4			
gave rise to in	n mediate	1	· · · · · · ·	1 6		4-1 3-	(c	1361		-		
lying cause last.	he under-	1-107	con y	٥(il ()					1		
_	ER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TO	ERMINAL D	ISEASE COI	NDITION GIV	EN IN PAR	T 1(o) 15	PERFC YES [DRMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	Enter nature of injury	y in Part I o	or Part II of	item 18.)				
20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d, II While at war	NJURY OCCURRED Not while k at wark	20e. PLACI factor	OF INJURY (Home, y, street, affice bldg.,	farm, 20f	. (City or to	awn)	(4	County)	Ħ	(State)
21. I certify th	at Lattended the	deceas	ed from	ne-	. 1944 to	1/2	261	1 19 5	Ithat I	last sa	w the	deceased
alive on		10	//		ccurred at 6:1			e causes a	7			
dive on	1		1/	dealli o	t o			city ar tawn,		ne dai		ATE SIGNED
ACTUAL	1//	1-	na de	M.I	130	1hes	1 4	10-21			3/	16/5
PHYSICIAN'S NAME (Type)	W. T. Joyce	e, M	.D.	8:	06 Maple	Ridg	e Rd	, Bethe	esda,	Md	3/	16/57
220. BURIAL, CREMATIO REMOVAL (Specify)		OF C	22c. NAME OF CEME					(City, town, o		lew	(Sto	
Burial-Tra		.0-)	ADDRESS	Lawii	Cemeter	MEC.D 8A B		24b. REGIS				K
Robert. A.		7	Bethesda	, Md		3-19	_	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an	10	6.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, may be retained by the haspital ar attending physician.

TO FUNERAL DITATIONS: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld. Selected for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/SS

7591 IS 8AM

alth map.c rd,crtd, od nesda, a 6 - 5 lay 50

ON A FARM?

Yeor

195

Min.

NO

(State)

DATE SIGNED

(Stote)

CERTIFICATE OF DEATH

BUREAU V. S.

- 1 %

MAM S~ 1057

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
03125 CERTIFICATE OF DEATH Reg. Dist. No. 16					
1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE DISTRICT of Columny MARYLAND					
b. CITY OR TOWN (If outside corporate limits) write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest tawn) V RURAL and give pearest town) 3 4 47 x - 3 Washing to w 47 x - 3					
d. NAMÉ OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS LO LO LO STREET ADDRESS NO A FARM? YES NO P					
3. NAME OF DECEASED (Type or print) Mamie Reese Lar 30 N OF DEATH March 24 1957 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 18. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR) IF UNDER 24 HR					
Female white WIDOWED DIVORCED 9-23-76 80 yrs. Months Days Hours Min.					
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 40 45 8 4 5 8 12. CITIZEN OF WHAT COUNT WISCOSSIN					
13. FATHER'S NAME J Reese Sara Jones					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dotes of varvice) (Address (Yes, no. or unknown) (If yes, give wor or dotes of varvice) (Calvert L. Dedrick 6615 Western)					
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause last. (c) 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] Artery Thrombos: NITERVAL BETWEEN ONSET AND DEATH Artery Thrombos: (b) Cerebra Arterio Scleros: DUE TO DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO					
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not white at work at work at work at work 19 Not					
21. I certify that I attended the deceased from March 6 19,57, to March 24, 19,57, that I last saw the decease alive on March 23, and that death accurred at 33,4 M, from the causes and an the dote stated about ADDRESS/(Street, city or town, stole) ACTUAL SIGNATURE PHYSICIAN'S ROPE B, Here 1 PHYSICIAN'S ROPE B, Here 1 ACTUAL SIGNATURE PHYSICIAN'S ROPE B, Here 1 PHYSICIAN'S ROPE B, HERE					
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 3/27/57 Dodgeville Cemetery Locareville, Nis.					
23. FUNERAL DIRECTOR'S SIGNATURE Chang Chase From Home as hindren, N DATE 3-28-57 Bessie M. Homeson					

BUREAU V. S.

7801 88 AAM

DECENED

Reg. Dist03101/6

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. C.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 14, Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION The Clinical Center, Beth		d. STREET ADDRESS 1401 52nd 38000000000000000000000000000000000000			
3. NAME OF DECEASED (Type or print) Charlotte	Middle Isabelle	Lawton 4. DATE Month Doy Year OF DEATH March 12 1957			
5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH March 26, 1904 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Mi			
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) None None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Washington, D.e. C. U.S.					
Louis A. Davis		14. MOTHER'S MAIDEN NAME Ruth G. Cooke			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas. no. or unknown) (If yes, give wor or dates of service)	A STATE OF THE STA	he Clinical Center, Bethesda 14, Maryland			
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	gelbrul	forit left lenefler interval between onset and death			
Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO DUE TO (c)	Pubrente -	fort. enlocable			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)			
Hour o.m. While	£.	LACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) octory, street, office bldg., etc.)			
21. I certify that I attended the decease alive an March 12 , 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) S. Weissman, M.	57, and that deat	12.60 Midnight			
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 3/16/57	22c. NAME OF CEMETERY OF Lincoln Memo	(5,000)			
23. FUNERAL DIRECTOR'S SIGNATURE Robert G. McGuire 182	ADDRESS O 9th St., N.W	RECOUNTRY 216 REGISTRAT'S SIGNATURE			

VS A1S (4) 15M 9/SS

2 BUREAU V. S.

• 14

studies is the twell, if white

7201 31 AAM

BECEINED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0110
12	03038 CERTIFICATE OF DEATH	223
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be constituted as the country beautiful to the country when the country was the country wa	
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
75	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION Sanitarium + Hospital 315 Frances Road	e. IS RESIDENCE ON A FARM? YES NO F
10	3. NAME OF First Middle Lost 4. DATE OF OF	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE lost bighdoy) Months Day	AR IF UNDER 24 HRS
1	remale cauce WIDOWED WIDOWED WIS Sept. 13, 1812 81 yrs.	OF WHAT COUNT
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	S.a.
	FRANCIS TURPÍN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) MES. Mary L. Downer, 3007 Erie Si	T. S.F. Wa
	18. CAUSE OF DEATH [Enter only one couse per line for to) (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PULMONARY EDEMA	NTERVAL BETWEEN DISET AND DEATH
	Candilians, if any, which) (b) Hypostatic Presimona BLATERIAL	48 Hz
	gove rise to immediate code (a), stating the under- lying cause last. (c) CEREBRAL HEMORPHONE (LGF) -	76 Hrs-
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO TO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURRED. (Enter nature of injury in Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while of work of wo	ly) (Stot
113	21. I certify that I attended the deceased from 1943, 19 to MARCH 1957, that I last	saw the decea
	alive an Media, 1957, and that death accurred at 4 6 M, from the causes and an the causes (Street, city or lown, stole)	date stated abo DATE SIGI
1	SIGNATURE JACON COGAMO M.D. 4316-14th Sa MI	3/-/
	PHYSICIAN'S NAME (Type) & ACOB CEPPOS M.D - WASHINGTON /- D. (220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	
in the	We Moving Reposity) 3/17/57 Unity-Washington Cem. Hurlock, Md.	(State)
100	23. EUNIE DIRECTOR'S SIGNATURE ADDRESS THE 240. REC'D BY REGISTRAR 240. REC'D BY REC	TURE

CHARGAGE DEATH

BUREAU V. S.

7261 7 AAM

BECEINED

. 080

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7501 28 AAM

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO I Month Day Yeor 1957 March IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthdoy) Months Days Min. YES 12. CITIZEN OF WHAT COUNTRY? U.S. Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part L or Port II of item 18.) (Stote) (County) 1921 that I last saw the deceased and that death accurred at 7:15P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) U.S. Naval Hospital, Bethesda, Md. 3-26-5 U.S. Naval Hospital, Bethesda, Md. 22d. LOCATION (City, town, or county) (Stote)

consin Ave., Bethesda, Md. DATE 3-26-57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

OWITH

A WILLIAM THE WAR WAR

DOSANCE TO A TENTAL TO A TENTA

. Ou . e Dagnes

l may yould

and survey

A CONTRACT OF STREET

And Sharker

NO. 100 TO ST 1

and the state of t

7201 7S 9AM

Land Con Tink Land at

.

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Filed

popers.

pau

8

9

DIR

FUNERAL

0

VS A15 (4) 15M 9/S5

TO HOSPITAL

0

0,0

1921 6 I BVV

BUREAU V. S.

WAR WEIGHT BALLET

there is they in the Store Courty

No. Lebenon Comstery

. The first will Idea and a remained by

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03114 Reg. Dist. No. 216

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Montgomery	MARYLAND	o. STATE Maryland	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)		
Bethesda	D.O.A.	x2 Cabin John		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Butler and River Roaad		Wilson Av	re	YES NO
3. NAME OF First DECEASED (Type or print) Robert	Middle Levking A	Last 4. DAT	- 11101111	Day Year 57 19
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday)	
male white WIDOWE	D DIVORCED	May 15 19058	XX/18 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b) during most of working life, even if retired) Machenic plumpting	KIND OF BUSINESS OR INDUST WN BUSINESS Plumbing	Wash. D.C.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Victor King Le	yking	Elizabe	th Kuffner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) § (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
No.	None (wife) Same as It	em 2	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	sufficien		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	ease condition given in par	T I(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. (E	nter noture of injury in Part I or Po	rt II of item 18.)	PERFORMED? YES NO
To Hour a.m. While		CE OF INJURY (Home, form, 120f. iry, street, office bldg., etc.)	(City or town) (Con	unty) (Stote)
21. I certify that I took charge of the death resulted from: Natural causes		ve, held an Autopsy 💢, cide 🔲,	Inspection, Inquir Undetermined cause	,
	schaf	_M.D. CHIEF MEDICAL EXAMINER	INFR 🗆	DATE SIGNED
EXAMINER'S NAME (Type) Frank J. Brosch	art	DEPUTY MEDICAL EXAMINE	3/11,	151
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		OCATION (City, town, or county)	(Stote) .
Burial 13/11/57 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	24g, REC'D BY REC	Rockville, Ma	aryland
Robert A Pumphrox		January 2 - 14-		m Hombe

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to thief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. VS. A15ME(5) 5M 9/55

ar removal.

rial, cremation,

I



7501 81 AAM

BUREAU V. S.

APP TEACH TO EXPEND AND AND ADDRESS OF A STATE OF A STA

Luci

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03131 CERTIFICATE OF DEATH Reg. Dist. No ed with director Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Sutside corporate limits, write RURAL and give/nearest town) RURAL and give nearest town) QU d. NAME OF HOSPITAL (If not in hospital, bive street address) . IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 00 by 12 YES NO DE NAME OF First Middle DATE last Month Day Yeor DECEASED (Type or print) DEATH 125 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours Min. DIVORCED [WIDOWED R yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) OWN after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CINOMIA IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate per DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO S 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month. Day. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour 0. m. While Not while of work of work p. m 21. I certify that I attended the deceased fram. that I last saw the deceased and that death accurred at 3. 45 kM, from the causes and an the date stated above. alive an_/-L **ADDRESS** (Street, DATE SIGNED ACTUAL priar DIRE should FUNERAL PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge BURTAL (Specify) MONTGOMERY COUNTY. CEMETERY 19 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. BEGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR ances olle 15M 9/55

death.

haurs after

CERTIFICATE OF DEATH

THE PERSON

M OUTUNE

7261 61 AAM

DECENTED

15M 9/\$5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Mind as SMT			ST NEA	
		SENS OI		
	BLOOF SPA			
		2000		
			and the	
	i harmed .			
Mala Mala III				
and the set which is a boundary both or in the con-				
And the spirite services and the services	Per Project			
SUREAU Y.				
7201 61 AAM				
7	Pho .E.E.	, Drie Hell		
5/1/12/9/5/	****** * ** ** ** ****	************		

Items 1,2 Filmc212 3-28-57 OF DEATH Reg. Dist. No. directa 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNT b. COUNTY filed MARYLAND death. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 Pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hvattsville d! NAME OF HOSPITAV (If not in hospital, dive street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO ing ou Day Avenue NAME OF First Middle 4. DATE Last Month Year DECEASED 195 (Type or print) DEATH me 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HA B. DATE OF BIRTH Days Months Hours WIDOWED T DIVORCED yes. popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ofter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address' ame CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 24 tus IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) CERT 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Hour O. m. While Nat while at wark at work p. m gran 21. I certify that I oftended the deceased from that lost saw the deceased and that death occurred of 945 AM, from the couses and on the dote stated above. ach ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 0 Id b pri shoul PHYSICIAN'S NAME (Type) TO FUNER 3 the regi 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify) Gate of Heaven Wheaton. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Timothy Hanlon, F. D., 3831 Georgia DATE Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

7261 38 AAM

BECEINED

03118

CERTIFICATE OF DEATH 03133

Reg. Dist. No. 215

		1414								
1. PLACE OF DEATH o. COUNTY Monte	gomery		MARYL	li li	o. STATE Virgin		ed lived. If instituti b. COUNTY		e before d	dmission)
b. CITY OR TOWN (If a RURAL and give near		write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If o	outside corp	orote limits, write F	URAL ond g	ive neares	town)
	ral)		3 mos. 20	day	Alexan	dria	83 x - 3			1
d. NAME OF HOSPITAL	(If not in hospital, give	e street d	oddress)		d. STREET ADDRESS					S RESIDENCE
	Hospital, E	ethe	esda. Md.		1619 M	ount 1	Eagle Pla	ce		ON A FARM?
3. NAME OF	First		Middle		Lost	4. DATE	Mor		Day	Yeor
(Type or print)	Miria	ım	Eastbur	n	LOVELESS	DEATH	Mar	ch	16	19 57
S. SEX			IED NEVER MARRIEL		ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.
Female		VIDOWE			March 1904		lost birthday) 53 yrs.	Months	Days H	ours Min.
10a. USUAL OCCUPATION	(Give kind of work do		Name of Street	INDUSTRY				12. CITI	ZEN OF V	VHAT COUNTRY
during most of working Housewife	g life, even if retired)		None		Pennsylv	41.7990		18	U.S	
13. FATHER'S NAME			HOUSE	- 11	4. MOTHER'S MAIDEN I				U.D	•
Udlidam V I	Pa a throng									
William K. I		52 14	SOCIAL SECURITY NO	17. INFO	Miriam Kirk	Tano	Add	/A11		
(Yes, no or unknown) (If	yes, give war or dates of serv	ice)							A = 11	(0)
No			Unknown e for (o), (b), and (c).]		and, Franci	S J.	roveress	(Same		AL BETWEEN
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (o)	G	recedypio	ma	, Spinas	Ca	ıcl			efects
Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	nediote (
CATIC					T RELATED TO THE TERM			EN IN PART	F	WAS AUTOPSY PERFORMED?
	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OC	CURRED. (1	inter noture of injury in	Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeor	20d. IN While of work	Not while	20e. PLACE foctory	OF INJURY (Home, farm , street, office bldg., etc	n. 20f. (Cit	y or town)	(C	ounty)	(State)
21. I certify that olive on 15 Mg ACTUAL SIGNATURE PHYSICIAN'S R. W. NAME (Type)	/Wma	12.	ie MB	death o	u.S. Naval	ADDRESS (S	m the causes of street, city or town, ital, Bet	and on the stote) the sda	e date	3-16-57
220. BURIAL, CREMATION,			22c. NAME OF CEME	TERY OR C			ITION (City, town,			(Stote)
REMOVAL (Specify) Burial	3-19-57		Arlington	Natio	nal Cemeter	V	Arlingto	n, Vi	rgini	
TOOLINS,	3821 14th	St.	ADDRESS		1	D BY REGIS	TRAR 2467 REGI		-	12000

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function, page 3 should the atoched far use as the burial-transit permit. Then please removes each an open.

The registrar prior of the burial, cremation, or remayol, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH DALTIMORE, I B
CERTIFICATE OF DEATH
SECELVED V. S. WAR 19 1957

VS A1S (4) 15M 9/S5 Reg. Dist. No. 216

1. PLACE OF DEATH p. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Montgo Niery MARYLAND	Maryland Montgomery
b. CITY OR TOWN (If outside carporate lifnits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give neafest town)
Bethesda 10 Jan	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Suburban-gloro-old Geo, towned.	14705-Hunt Avechich. YES NOB
3. NAME OF DECEASED (Type or print) HALLIE FTLEL	Lost 4. DATE Month Day Year OF TO DEATH March 14 1957
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	1981-10-1-8 To yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None	Washington D.C. U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Lyles	Mary Eliza DVer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. (Yes. no. profilenown) {III yes. give wear or dates of service}	INFORMANT OD Addless
	NRS BESSIE FIERCE (SISTEN)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: JOHNS - MI.O.	thus I Homowasae Interval Between onset and Death
IMMEDIATE CAUSE (a)	2 / 0 / 10
5410 DUE TO BREEFILID (1	Pear Durdenol Beils
Conditions, if any, which gave rise to immediate	occi, , i to occi , poco oci
couse (a), stating the <u>under-</u> lying cause last.	
	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E Generalized arterischerses.	VERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while of work of twork 19 of work 19	octory, street, office bldg., etc.)
21. I certify that I attended the deceased fram.	, 19 , to 3 14 57, 19 , that I last saw the deceased
21.0157	th accurred at 12'45 M, from the causes and an the date stated above.
alive an STISTS 19, and that deat	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Coward S. Witowship. W	W. SUITE 400, 8218 WISCOUSIN AVE
	in 2
PHYSICIAN'S LOWARD SKINDR	NO. BETHESOA 14, MARYLAND.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Buria (Specify) 3/16/57 Rock Creek	Washington, D. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, Md.	DATES -16-57 Bessie M. Shorn have

DECENARY 1957

BUREAU V. S.

uso de socialidados. Robert A. Tumpirej-Esimesto, Md. Jirector,

C

Filled

papers.

200

200

E. any

per

OS 1

ATTENDING

80

TO HOSPITAL may be retai

öć

DIRE prior

3

0

VS A15 (4) 15M 9/SS

gned

physica

nding

death.

navrs ofter

certificate

TRUE AI AAM

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please ex	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should I	forwarded to Thief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DIS COR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior furial, crematia
EPUTY MED	s the certific	warded to	JNERAL DI
Z TO D	cute	for	10 FL

5M 9/55

	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH	03121
MEDICAL EXAMINER S	Reg. Dist. N	10. 217
PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE D. C. b. COUNTY	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Washington 447 x - 3	neorest town)
Md. #-97 nr. Sunshine DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1432 Perry Place N.W.	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) John T. McGar	1n Lost 4. DATE Month Doy DEATH Mar. 16, 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Male White WIDOWED DIVORCED	DATE OF BIRTH 2/3/1918 9. AGE In years IF UNDER 1YEAF Months Days Months Days	R IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Hardware		OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Joseph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes, give wor or doles of service) yes, give wor or doles of service)	Mary Catherine Rombach	
Yes	Montg Co. Police	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Thoracic and Abdo	1 019	ERVAL BETWEEN SET AND DEATH
Conditions, if any, which) by Crushed chest & Mul	tiple ruptures of liver	sudden
gove rise to immediate cause (o), stating the underlying cause lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Er Driver of car which	ner noture of injury in Port I or Port II of item 18.) left highway & ran into tree	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not white focto	E OF INJURY (Home, form, 20f. (City or town) (County) ry, street, office bldg., etc.)	(Stole)
21. I certify that I took charge of the remains described above		Md.], and find the
death resulted fram: Natural causes , Accident , Suic	ide [], Hamicide [], Undetermined cause [].	
SIGNATURE Thunk J. Bronhart	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Frank J. Broschart	DEPUTY MEDICAL EXAMINER 3/16/5	57
22c. NAME OF CEMETERY OR OF CEMETERY		(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE HOLL ADDRESS Wash. Francis J. Collins 3821 14th.st. N	D.C. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE.	La Sandar

MIDICAL EXAMINER'S CERTIFICATE OF DEATH

Monteonery temperature 3.C.

Service Survival Done Survival Lasting Company of the Company of th

TABLE PARTY PLANE

er with the course of the cour

LE TI- 03 BEVILEAR CHANGE TOWNS OF STATE OF STATE

te Monte Do. Police

age mostle lentuckets have observed a company of the company of th

Carollel cases & Bulling a gentury of liver

north and a first or converted of all deline two for maying

. The second of the second of

A OVINCE

BOKEAU V. E.

Transfer of Architecture of Architecture of Architecture

Borear traters aligned TS-31-7 | Lainus

RECEIVED

VS A15 (4) 15M 9/55

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BA	ALTIMORE,	18
----------	------------------	--------------	-----------	----

CERTIFICATE OF DEATH

03122

	031	31	CERT	IFICA	ATE OF DEAT	П		Reg. D	ist. No.	215	
PLACE OF DEATH O. COUNTY MOI	ntgomery		MAR	YLAND	2. USUAL RESIDENCE (Vo. STATE		b. COUNTY	on: Reside		-	ion)
b. CITY OR TOWN (f outside corporate limi	its, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (IF	1.00		TARREST OF THE	A STATE OF	100)
RURAL ond give no ethesda (Ri			2 mos. 6	days	Glen Bu		03 × 2	9.			V
d. NAME OF HOSPI	AL (If not in hospital, g	jive street	oddress)		d. STREET ADDRESS		OAAR			e. IS RES	
U.S. Naval	Hospital,	Bethe	esda, Md.		107 All	en Ros	Б				PARM?
B. NAME OF DECEASED (Type or print)	Fii Dougla		Middle Stewar		Lost MC LEOD	4. DATE OF DEATH	Mon Mar	_	0°	y	rear 19 57
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARR	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years			IF UNDE	R 24 HRS.
Male	White	WIDOWE	ED DIVORC	ED 🔲	1 March 1918	3	lost birthdoy) 30 yrs.	Months	Days	Hours	Min.
00. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	JSTRY 11. BIRTHPLACE (Stot	e or foreign o	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY
ariner	king life, even if retired		S. Navy		Massachus	etts			U.S		
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Frederick	do T.EOD				Florence N	IAC LEC	OD				
5. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17. 1	INFORMANT		Adde	ress			
Yes 6-2-41	(If yes, give war or dates of s	0.0	86-16-9750	W4-	fe, Mrs. Haze	1 D. N	fc Tend.	(Same	As	42)	
	TH [Enter only one co				To be trans	T D. F	10 2000,	10000		RVAL BE	TAVEEN
101 011000 01 000	terre compone co										
PART I. DEA	TH WAS CAUSED BY:	m	101 (0) (0), 0110 (0)	m	, , 00000				ONS	ET AND	DEATH
PART I. DEA	IMMEDIATE CAUSE (o	m	ulliple	my	jeloma				ONS	ET AND	DEATH , 2 yer
203x	DUE TO	m	ulliple	my	jeloma				ONS	ET AND	DEATH
203X	IMMEDIATE CAUSE (o DUE TO ny, which)	m	ulliplo	my	jeloma				ONS	ET AND	DEATH
203X Conditions, if a gove rise to i couse (o), stating	IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate	m	ulliplo	my.	jeloma				ONS	ET AND	DEATH
Conditions, if a gove rise to i couse (o), stating lying couse lost.	DUE TO ny, which mmediate the under. (b)	m	ulliplo.	my	jeloma				ONS CUM	ET AND	DEATH . 2 year
Conditions, if a gove rise to i couse (o), stating lying couse lost.	IMMEDIATE CAUSE (of DUE TO the under	m	ulliplo.	my	Jeloma	MNAL DISEAS	E CONDITION GIV	/EN IN PA	ONS CUM	9. WAS / PERFO	DEATH . 2 yea
Conditions, if a gove rise to i couse (o), storting lying couse lost. Part II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	DUE TO ny, which mmediate the under. (b)	DI D	ulliple	EATH BUT	I NOT RELATED TO THE TERM			/EN IN PA	ONS CUM	9. WAS / PERFO	AUTOPSY RMED?
Conditions, if a gove rise to i couse (o), storting lying couse lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	IMMEDIATE CAUSE (o DUE TO ny, which mmedione the under. HER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH	DITIONS C	CRIBE HOW INJURY O	EATH BUT DCCURRE		Port I or Por	t II of item 18.)		ONS CUM	9. WAS / PERFO	AUTOPSY RMED?
Conditions, if a gove rise to i couse (o), storting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. pt. p. m.	IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under. HER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye 19	20b. DESC	CRIBE HOW INJURY O	DCCURRE 20e, PL	ED. (Enter nature of injury in LACE OF INJURY IHome, for actory, street, office bldg., e	Port I or Por	t II of item 18.)		RT 1(o) 1	9. WAS PERFO	AUTOPSY RMED? NO []
Conditions, if a gove rise to i couse (o), storting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. pt. p. m. 21. I certify the	IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under. der SIGNIFICANT CON CSUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	20b. DESC	CRIBE HOW INJURY OF WORK BE IN WO	EATH BUT DCCURRE 20e. PL for	ACE OF INJURY IHome, for clory, street, office bldg., e	m, 20f. (City	t II of item 18.) or town)	,that I	RT 1(o) 1	9. WAS A PERFO	AUTOPSY RMED? NO []
Conditions, if a gove rise to i couse (o), storing lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURE Hour o. pt. p. m. 21. I certify the	IMMEDIATE CAUSE (or DUE TO the under the under to the und	20b. DESC	CRIBE HOW INJURY OF WORK BE IN WO	EATH BUT DCCURRE 20e. PL for	ED. (Enter nature of injury in LACE OF INJURY IHome, for loctory, street, office bldg., e	m, 20f. (City	t II of item 18.) or town) th , 19.57 In the causes of	,that I	RT 1(o) 1	9. WAS / PERFO YES WE state the state	AUTOPSY RMED? NO (Stote) decease
Conditions, if a gove rise to i couse (o), storting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY D. m. 21. I certify the alive on 24	IMMEDIATE CAUSE (or DUE TO the under the under to the und	20b. DESC	CRIBE HOW INJURY OF WORK BE IN WO	DCCURRE 20e. PL for	ACE OF INJURY Home, for octory, street, office bldg., e	m, 20f. (City 20f. Marc	t II of item 18.) or town) th , 19.57 In the causes a treet, city or town,	,that I	(County)	9. WAS / PERFO YES WE state the state of the	AUTOPSY RMED? (Stote) decease ed above
Conditions, if a gove rise to i couse (o), storing lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. jr. p. m. 21. I certify the alive on 24	IMMEDIATE CAUSE (or DUE TO the under the under to the under the unde	20b. DESC	CRIBE HOW INJURY OF WORK BE IN WO	DCCURRE 20e. PL for	ACE OF INJURY IHome, for clory, street, office bldg., e	m, 20f. (City 20f. Marc	t II of item 18.) or town) th , 19.57 In the causes a treet, city or town,	,that I	(County)	9. WAS / PERFO YES WE state the state of the	AUTOPSY RMED? (Stote) deceased above
Conditions, if a gove rise to i couse (o), storting lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURE Hour o. pt. p. m. 21. I certify the alive on 24 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 8.6	IMMEDIATE CAUSE (or DUE TO the under the the under the the under the the under the the the under the	DITIONS COR. 19	CRIBE HOW INJURY CONTRIBUTING TO DE CRIBE HOW INJURY OCCURRED Not while of work and that the control of the con	DCCURRE 20e. PL for an e	ACE OF INJURY IHome, for inclory, street, office bldg., e	m, 20f. (City Cc.) March March Address (S	or town) th, 1957 In the causes a treet, city or town, tal, Bet	that I and on t stote) hesds	(County) last so	9. WAS A PERFO YES WE state of the state of	AUTOPSY RMED? (Stote) deceased above
Conditions, if a gove rise to i couse (o), storing lying couse lost. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURE Hour o. p. m. 21. I certify the alive on 244. ACTUAL SIGNATURE PHYSICIAN'S, NAME (Type) C. G. BURIAL, CREMATIC	IMMEDIATE CAUSE (o DUE TO ny, which mmedione the under. HER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye To The death of the March WILLIAMS N, 122b. DATE THEREC	DITIONS COR. 19	CRIBE HOW INJURY OF THE PROPERTY OF WORK OF WORK OF THE PROPERTY OF THE PROPER	EATH BUT DCCURRE 20e. PL for ane t death	ACE OF INJURY IHome, for inclory, street, office bldg., e	m, 20f. (City 24 Marc DPM, from ADDRESS (S L HOSP) 122d. LOCA	or town) th, 1957 In the causes a treet, city or town, tal, Bet	,that I and on stote) he sads	(County) last so	9. WAS A PERFO YES WE state of the state of	AUTOPSY RMED? NO (Stote) deceased above ATE SIGNED
Conditions, if a gove rise to i couse (o), storing lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY D. m. 21. I certify the alive on 24 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	IMMEDIATE CAUSE (o DUE TO ny, which mmedione the under. HER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye To The death of the March WILLIAMS N, 122b. DATE THEREC	DITIONS COR. 19	CRIBE HOW INJURY OF THE PROPERTY OF WORK OF WORK OF THE PROPERTY OF THE PROPER	EATH BUT DCCURRE 20e. PL for ane t death	ACE OF INJURY IHome, for inclory, street, office bldg., e	m, 20f. (City 24 Marc DPM, from ADDRESS (S L HOSP) 122d. LOCA	or town) ch , 1957 In the causes of treet, city or town, tal, Bet	that I and on stote) he sate he county)	(County) last so	9. WAS A PERFO YES 10 3 - 2	AUTOPSY RMED? NO (Stote) deceased above ATE SIGNED
Conditions, if a gove rise to i couse (o), stoting lying couse lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. p. m. 21. I certify the alive on 24 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) . G. 220. BURIAL, CREMATIC REMOVAL (Specify)	IMMEDIATE CAUSE (or DUE TO ny, which medione the under.) SUNDERLYING DEATH MEDICAL EXAMINER) Y Month, Day, Year of I attended the March WILLIAMS N. 22b. DATE THEREC 3-28-57 S SIGNATURE	DITIONS COR. 19	CRIBE HOW INJURY OF THE PROPERTY OF WORK OF WORK OF THE PROPERTY OF THE PROPER	EATH BUT DCCURRE 20e. PL for ane t death	ACE OF INJURY IHome, for octory, street, office bldg., e 19.57, to 2 10.00 Occurred of 12:30 M.D. U.S. Nava: U.S. Nava: OR CREMATORY	m, 20f. (City 24 Marc DPM, from ADDRESS (S L HOSP) 122d. LOCA	till of item 18.) or town) th , 1957 In the causes a treet, city or town, Ltal, Bet Ital, Bet ITON (City, town, carlington	hesds	(County) last so the da Ma	9. WAS / PERFO YES 10 A 10	AUTOPSY RMED? (Stote) decease d above ATE SIGNED



7201 '32 AAM

....

00

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY MONTGOMERY O. STATE MARYLAND b. COUNTY ONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! 5 years SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 12.721 HOLDRIDGE ROAD 12,721 HOLDRIDGE ROAD YES NO. NAME OF First Middle DATE Month Doy Year DECEASED TRA FRED MCMTLLAN DEATH MARCH 14 1957 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED A 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 58 birthday Months Hours Days MALE WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D. C. Supervisor - Mail Room U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Louise Zypphrecht Ira Cooper McMillan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 20 M Mrs. Robert J. Kilby, Custis Ave. YES Virginia Alexandria INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ICATION PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while a. m. ot work of work p. m. 21. I certify that I taok charge af the remains described above, held an Autopsy . Inspection . Inquiry , and find that Accident , Suicide , Hamicide , Undetermined cause . death resulted fram: Natural causes 7 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURI ASSISTANT MEDICAL EXAMINER 3/15/57 EXAMINER'S FRANK J BROSCHART DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) ARLINGTON NAT'L. CEMETERS ARLINGTON. VIRGINIA ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING, MD. 6. Lung

BUREAU V.

TR SAM

BECEINED

03124

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No.

-												
	LACE OF DEATH					USUAL RESIDENCE (Where deceased	l lived. If institution	on: Reside	ence befo	ore odmis	sion)
- 2	Montgome:	rv		MARY	LAND	Marylan	d	o. COUNTY	Me	onte	rome	777
ī	. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OF TOWN (I		rote limits, write R				
	Kensi	ngton			X	2 Kensin	gton					
	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS					ONA	SIDENCE A FARM?
	0002 Fr	ederick A	veni	1e		10002 Fr	ederic	k Avenu	e		YES	NO D
- (NAME OF DECEASED Type or print)	Fir	st	Middle		Last	4. DATE OF DEATH	Mon		D	ay	Year 19 57
5. 5		Allison	7	B		CQuin DATE OF BIRTH		9. AGE (In years	IF UNDE	PIYEA	E IIND	ER 24 HRS.
J				RIED NEVER MARRIE		1 1 1 1 1 1 1		lost birthday)	Months	Doys	Hours	Min.
	Male	White	WIDOW			1/18/1888		69 yrs.		9		
100	during most of world	DN (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTR'	Y 11. BIRTHPLACE (Sto	ote or foreign co	ountry)	12. C	ITIZEN (OF WHAT	T COUNTRY
1	Post Off			mail carr	ier	Iowa				U:	SA	
	FATHER'S NAME					14. MOTHER'S MAIDEN	N NAME					
	D	38-0-1-				Ont	la a sa d sa a	Tomore				
15		on McQuin	CES2 16	SOCIAL SECURITY NO	17. INFO	DRMANT	verme	Jensen				
(Yes	, no, or unknown)	(If yes, give wor or dates of s	ervice)	. SOCIAL SECONITY NO				20001			^	7.0
	Vo I			None	LCat	herine T	racey,	10007	Fred	d.	Ave.	Ken
			iuse per li	ine for (o), (b), and (c).		1					SET AND	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		Muren	-les	1 Jailes	41			2	-4 4	laur
	141X	DUE TO		01		Y				,	-	1
	Conditions, if o		17	a lan en	en and	2 Don				4	181	Cour
	gove rise to i	mmediate (-	30 00 00 00	1	enew-ic		-				
	cotse (o), stating	the under-	(4/	1000				8	1-19	2 110-
	lying couse lost.) (0)	arcinoma	100	, com						203
CATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS.	CONTRIBUTING TO DEA	NTH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o)	PERFO	DRMED?
S											YES	NO [
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury i	in Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. I While of wo			OF INJURY (Home, for y, street, office bldg.,		or lown)		(County)		(Stote)
	21. I certify th	nat I attended the	decen	sed from Ma	ri 4 2	3, 1957, to 1	Minih ;	27, 195	7 that I	last s	aw the	decease
		anch 26	10	en 7		230	Care .					
1	alive an	1)	, 1½,,,	2, and that	death o	ccurred at 5	YLM, Tron	the causes o	ind on	the do		
	ACTUAL 2	0 11	11.			202 - 1	ADDRESS (SI	reet, city or town,	store)		5	ATE SIGNE
	SIGNATURE	Comolin.	Mas	duran	M.C	. 5935/	Jaltion.	100			/	127/3
	BUVEICIANIE											
	PHYSICIAN'S NAME (Type)	Thomas A.	N. I	Hindman		.3935 Ba	ltimor	e Ste K	ens	ing	ton_	_Md_
220	BURIAL CREMATIC	N, 226. DATE THEREC)F	22c. NAME OF CEMI	ETERY OR C			ION (City, town,			(Sto	
	REMOVAL (Specify)	2/20	195		-					Mon	~	,
_	FUNERAL DIRECTOR	'S SIGNATURE	142	7 Parklas	wn Ge	emetery	ROC		TDAD'S	Pla I	y Lan	ıu
					3 -		EC'D BY REGIST	RAR 24b. REGIS	DIKAK S S	UIANOI	N	
IRe	obert A.	Pumphrey	7	Bethesd	a, Ma	arvlandate3	1-28-51	1 Tean	is.M	He	mil	ron

CERTIFICATE OF DEATH

College St. A. Street Design College Street Street College St. Col

BUREAU V. S.

EGI I AGA

BECEINEL

Wash, DC

S.H. Hines Co., 2901 14th St.N.W.

24a. REC'D BY REGISTRAR

DATE

Page hours after death. HOSPITAL VS A15 (4) 1SM 9/SS

BUREAU V. S.

VE EN

73 8AM

BECEINED

Monition . Weeself . White

distributed and mention of the

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
03140	CERTIFICATE C	OF DEATH	

03126

												/
1. PLACE OF DEATH a. COUNTY			MARYLA	- 11	O. STATE	134		h COLIN		sidence bef	ore admis	sion)
Montgo	omery		MAKTLA	MAD	Distr	ict-	of Co	lumbia		10.1		
	outside corporate limits,	write	C. LENGTH OF STAY IN	116	c. CITY OR TOW	VN (If outs	ide corpore	ote limits, write	e RURAL	and give no	earest tow	n)
20 and 2 an /2.	ral)		10 days		Washi	ingto	n 27	4	16x	22		
d. NAME OF HOSPITA	L (If not in hospital, give	street oc	idress)		d. STREET ADDE	RESS		1	1950			SIDENCE
U.S. Naval	Hospital, Be	thes	da, Maryla	nd	6307 F	root s	Stree	t, N.E	•			NO 🔯
3. NAME OF DECEASED	First		Middle		Last	4	. DATE OF	٨	Aonth	0	ау	Year
(Type or print)	Howar	Dr	Blai	ne	Miller.	. Sr.	DEATH	M	arch		11	19 57
5. SEX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED	☐ B.	DATE OF BIRTH		9	. AGE (In year		DER 1 YEA	R IF UND	ER 24 HRS.
Male	*** **	IDOWED		_	2 Sept.	1884		72 y	rs. Mon1	ths Days	Hours	Min.
100. USUAL OCCUPATION	V (Give kind of work don	10b. K	IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE	(State or	foreign cou	intry)	12.	CITIZEN	OF WHA	COUNTRY
Policeman	ng life, even if retired)	Civ	il Service		Maryla	and				U.S.		
3. FATHER'S NAME		10-			14. MOTHER'S MA		AE .					
	1 0 24			-33			nE.					
Charles Mil		52 24 56	SCIAL CECURIEN NO	17 4515	Sara Du	vali						
[Yes, no, or unknown] [yes, give wor or dates of service	ce) 10. 50	DCIAL SECURITY NO.	I/, INF	DRMANT				ddress		44 .	
Yes 5	o. Americah	War	Unknown	(so	n) Howard	B	Mille	r, Jr.	(Same	As ;	(2)	
18. CAUSE OF DEAT	H [Enter only one couse	per line	for, (o), (b), and (gf.)	0			. 1				ERVAL B	
	H WAS CAUSED BY:	MIP	tastatic	CAI	cinomi	9 1.1	liv	PR			SET AND	DEATH
11.3X	DUE TO		, , ,		0,,,,	- U	20				-	
1021		72.1	6/1, 20	Ln.	200 1100		11	11	//		- L.	
Conditions, if an		wel.	DANIY 2 1	000	RCINON	18 04	LUNG	1 hAg	1104	PER.	2.4	75
couse (o), stoting II		121	1+ /UN4 YE	Secy	10N24	45 A	gofor	CARCIN	EMA		-	
lying couse lost.	(c)_						U					
PART II. OTH	R SIGNIFICANT CONDIT	IONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE	ETERMINA	L DISEASE	CONDITION	GIVEN IN	PART 1(o)	19. WAS	AUTOPSY
\{			•									DRMED?
20a. ACCIDENT WAS	LINDERLYING [] 20	h DESCR	IBE HOW INJURY OC	LIPPED	Enter nature of ini	uev in Parl	L or Post	L of item 10 t			152 [3	1 40 []
OR CONTRIBUTING	CALISE OF DEATH	o. olsek	IDE HOW HAJORT OCK	OKKED.	cine notore or in	ory in rott	TO FOR	i or item ib.;				
3 20c. TIME OF INJURY	Month, Day, Year	20d. INJ	URY OCCURRED 2	De. PLAC	OF INJURY (Hom	e, form,	20f. (City o	or town)		(County	1	(Stote)
20c. TIME OF INJURY Hour o. ji.	19	While of work	Not while	focto	y, street, office bld	g., etc.)				(600)		(5.0.0)
	it I attended the de			h	19.57_, 10	- 11	Marc	h 10	57.,			
				M	١٦ يــــــــــــــــــــــــــــــــــــ	- OE A	Plot	, 19	ZJ_,tha	t I last s	aw the	decease
alive an	March	19.71	7, and that d	eath o	ccurred att					n the do	ate stat	ed abave
1	2/my	X				ADI	DRESS (Stre	et, city or tow	n, stote)		D	ATE SIGNE
SIGNATURE		The	ellam	M.I	U.S. Na	val H	ospit	al, Be	these	da, M	3. 3.	11-57
						*						
PHYSICIAN'S NAME (Type) WM	B. INGRAM.	CDF	R. MC. USN		U.S. Na	aval	Hospi	tal, B	ethes	sda,M	Э.	
V		1		BY OP (PEMATORY	22	d LOCATIO	ON (City, town				
20. BURIAL, CREMATION	, 22b. DATE THEREOF		22c. NAME OF CEMET	WI OK	MEIMAIONI	1 44	0. 000.	DIA (CITY, TOW)	n, or coun	ity)	(Sto	re}
220. BURIAL, CREMATION REMOVAL (Specify)											(Sto	ie}
REMOVAL (Specify)	3-14-57		Arlington N		Cemeter	у	Arli	ngton,	Vire	ginia		ie}
REMOVAL (Specify) TO THE TO T	3-14-57 SIGNATURE	-5		at;1	Cemeter:	у	Arli Y REGISTR	ngton,	Vire			ie)

	wow so we want		v.
		aman and	(Parada) Moderno
	ecanica constitution	d dear the call h	1000 - 100 - 170 - 170
n Li Suieras	Man and a second	DIE TELEVISION DE LA CONTROL D	Analog Comments
	5. AC - 850a . COURS	Line Harry	MALE TOWNS THE TANK
10.0	post, ret	THE VIEW DEVICE	
	The property of the Control of the C		
	town and and		d, =
), =,	(
THE RESERVE OF THE PARTY OF THE			
			A STATE OF THE STA
			Service of the servic
			A STATE OF SET OF SET
			Company of the control of the contro
			Company and the company of the compa
			Company and the control of the contr
			The second secon
			Coli and Column to 1 and glitters 1 12
			Coli and Column to 1 and glitters 1 12
			Control Columns to Column 1 12
BUREAU V.			Control Columns to Column 1 12
BUREAU V.			Control Column to 1 and all these 1 12
			Control Columns to 1 and all these 1 TS
BUREAU V.			
BOKEAU V.			Control Columns to 1 and all these 1 15

当らいい。

70122				1108.0111	110.
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND 2.	USUAL RESIDENCE (Who STATE MARY			before admission) CGOMERY
RURAL and give negrest town)	3 or 4 yrs. X	c. CITY OR TOWN (IF or	utside corporote limits, IR SPRING	write RURAL and give	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION MARILEA NURSING A		d. STREET ADDRESS R. #2, COLU	MBIA PIKE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOSEPH	Middle DAVIS	Lost MILLER	4. DATE OF DEATH M.	ARCH	24 Yeor 19 57
5. SEX MALE 6. COLOR OR RACE 7. MARRIED WIDOWED [1001	TE OF BIRTH 9, 1877	9. AGE (Ir lost birt	1.1.1	YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (owner) retired	ND OF BUSINESS OR INDUSTRY		or foreign country) cy County,	77	S.A.
13. FATHER'S NAME LEWIS YOST MILLER	14	MOTHER'S MAIDEN N	AME ZABETH LINI	OTT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO((Yes, no, or unknown) (If yes, give wor or dates of service)				Address	bia Pike
Conditions, if ony, which gove rise to immediate cotise (a), stoling the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATRIBUTING TO DEATH OUT NOT SEE HOW INJURY OCCURRED. (Er	each, -	aRot	5-year	(o) 19. WAS AUTOPSY PERFORMED? YES NO P
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. While	RY OCCURRED 20e. PLACE (Not while of work	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(Cou	unty) (State
21. I certify that I oftended the deceosed of of the on the second of the one	and that death occ	curred of 1	M, from the co	uses ond on the	date stated above DATE SIGNI
	2c. NAME OF CEMETERY OR CRE OLESVILLE CEMET		22d. LOCATION (City. MONTGOMER	town, or county) RY COUNTY,	MD. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS SILVER SPRING.	MD. 240. REC'O	BY REGISTRAR 24t	. REGISTRAR'S SIGNA	ATURE DOS

TO HOSPITAL OR ATTENDING FHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be anached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stather registrar prior to burial, crematian, or removal, and in any event within 72 thours after death. TO FUNERAL DIRECTOR VS A15 (4) 15M 9/SS

d be filed with

	MITLAS - NIZASH 50 TWENTSASS			
	RTIFICATE OF DEATH			
			A CANADA	
	Tolking of the property of the side			
	The F2HC VIO			
		E GARGA		
				STATE OF
and consumo.				
*			1982 Marines - 24	
			1200	
			ACHE WINESE	
	to work of the state of the state of the			
min el metro (miles el m metro se el Sa en metro remo	or and Market State because the State	a continues of		
BUREAU	TOTAL MARKET MAR			was -
		The second		
I 68 AAM		WALL THE STATE OF		
101		The Design		
MECEIA				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1SM 9/SS

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomerv c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) -Washington e. IS RESIDENCE ON A FARM? YES | NO TY Month Year 5 March 19 0 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA Address River Rd. Beth. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO 17 (County) (Stote) Athat I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Dakota. NO. 24b. REGISTRAR'S SIGNATURE uompron.

TE OF DEATH.	ADRITIAND CERTIFICA
Property and the second	CONTROL OF THE PROPERTY OF THE
	provide and the second second
ABU Jato (BB . 1 . modinar) .	TLA To. sqeu. (ser and rote the todal H
AND THE RESERVE OF THE PERSON	
MAR 5 105.	The second set of the second set of the second set of the second set of the second sec

BUREAU V. S.

7891 72 AAM

DECENTED

And the Add the Court of the Co

and not the second of the seco

and the state of t

hear years . Live a section of the s

03149			Reg. D	ist. No. 216
1. PLACE OF DEATH o. COUNTY Montgonery	MARYLAND .	2. USUAL RESIDENCE (Where dece-	ased lived. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 14 Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURAL and $49x - 3$	give neorest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION The Clinical Center Beth	t address)	d. STREET ADDRESS	me	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Lost 4. DAT		
OECEASED (Type or print) Miss Helen	Teresa	Montgomery DEA	TH March 2,	1957
S. SEX 6. COLOR OR RACE 7. MAI Female White WIDOV	RRIED NEVER MARRIED	September 9, 1882	last birthday) Manual	Doys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired) Practical Nurse	. KIND OF BUSINESS OR INDU	Scotland		TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Daniel Montgomery		Ellen Moardle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17. I	The Clinical Cent	Record Address ter, Bethesda 1	4, Maryland
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse lost. (c) (c)	RCINOMA BRE	INFARCTION EAST WITH M. TIS OF COLO		INTERVAL BETWEEN ONSET AND DEATH 8 17 RS Z 1/2 YRS Z 1/2 T YRS
0	POPHYSECTO	SMY		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Port II of item 18.)	
Hour o. m. While	L.	ACE OF INJURY (Hame, form, 20f. (sclory, street, office bldg., etc.)	City or town)	(County) (Stote)
21. I certify that I attended the decede alive on March 2 , 19 ACTUAL SIGNATURE SAMUEL C. PHYSICIAN'S NAME (Type) Samuel Charache	Raraelo	accurred of 6:20PM, fire ADDRESS	om the couses ond on (Street, city or town, state) Center Ltutes of Healt	the date stated above DATE SIGNED 3/3/5
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Bur-Trans 3/5/57	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LO	cation (City. town, or county) ster, Pennsy	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REC	GISTRAR 246. REGISTRAR'S SI	GNATURE
Robert A. Pumphrey-Bet	hesda wa	DATES - 5 -	57 Beine M	. Humphox

O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and completely filled page 3 should detached for use as the burial-transit permit. Then please remover coshon papers. Pages 1 of the registrar prior to burial, cremation, or removal, and in any event within 72 yours often death. VS A15 (4) 15M 9/SS

M

50

2

funeral director,

	Mark Neth		Transplant.
	Hear York City	libit dayn	Perhands IL, Haryland
	1250 - 1st Avance	.Mdf aband	nd Clinical Centers la
Parole 2, 57	granggamit	ane solt	selei
	September 9, 1882 7		elanes
.4.2.8	hesitect.	Musches	Frechtost Mures
	Liles Housele		Cantel Entgoing
	The Olivinal Center,		
		THE RESERVE TO	
- MAIM	Cl 55 Naron C	S7 Vorenies	S Marell

Wisconsin Ave., Bethesda, Md DATE

tarn

havrs after death.

O HOSPITAL

15M 9/55

2051264XV4

M	. 15.3	باللباي	- A 1
ED	Ans	กกร	12
엘리	NINE	195	10

7261, 88, AAM

BUREAU V. E.

AND RELATED BY THE PARTY OF THE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

(corner)

20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED Hour o. m. While Not while at work of work p. m.

21. I certify that I attended the deceased from

20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, office bldg., etc.)

19 57.

(State)

DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S

Burial

PLACE OF DEATH

a. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

female

Clerk 13. FATHER'S NAME

74

ADDRESS (Street, city or tawn, state)

_, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

(County)

19 7, that I last saw the deceased

NAME (Type) REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Cemeterv

Washington

22d. LOCATION (City, town, or county)

C

(State)

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

0 15M 9/S5

FUNER n

HOSPITAL

after death.

c

HOU

ding

a P

BUREAU V. &

7261 81 AAM

块	en signed by the attending physician and completely filled in by property director.	7	
Poge	director	iled wit	
r death.	uneral	old ber	-
urs afte	by	d 2	
in 24 ho	filled in	ges l or	
ted with	npletely	pers. Pa	
e execu	and car	bon pap	er death
ificate b	hysician	nove car	aurs aft
ath cert	nding p	eose ren	hin 72 h
t the de	the atte	Then pl	vent wit
requires that the death certificate be executed within 24 haurs after death. Page 27	gned by	permit.	and in any event within 72 haurs after death.
req.	n sig	nsit	pup

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
03147 CERTIFICATE OF DEATH TO FUNERAL DISCORDANCE After this certificate has bee page 3 should 62 detached far use as the burial-traithe registrar prior to burial, crematian, ar remayal, VS A15 (4) 15M 9/55 DATE 4-0-0/

03133

Reg. Dist. No. 216

	PLACE OF DEATH a. COUNTY Montgomery			MARYLAND	2. USUAL RES	IDENCE (Whe	re deceased l	b. COUNTY	on: Residence be	fore admiss	sion)
_	b. CITY OR TOWN (IF	outside carporote limit	ts, write c. L	ENGTH OF STAY IN 16			itside corporo	te limits, write RI		earest town	n)
	RURAL ond give ne Bethesda	oresi fown)		5 days	Silver Spring 56						
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street oddre		d STREET ADDRESS e. IS RESIDENCE					IDENCE	
	The Clinic	al Center,	Bethes	da lli. Md.	2002 .	August	Drive	1			FARM?
3.	NAME OF	Fire		Middle	lo		4. DATE	Man	th I	Day	Year
	DECEASED (Type or print)	He:	len	Muriel	Oli	ver	OF DEATH	Marc		27	19 57
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	ГН	9.	AGE (In years	IF UNDER 1 YEA	,	
	Female	White	WIDOWED [Februar	y 25, :	1904	10st birthday) 53 yrs.	Months Days	Hours	Min.
100	during most of work	N (Give kind of wark of	done 10b. KIND	DE BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote o	r foreign cou	ntry)	12. CITIZEN	OF WHAT	COUNTRY
-	Seoretary	CLERK	Titte	certainable	New	York			U.	S. A.	
3.	FATHER'S NAME	ALL FAST			14. MOTHER	S MAIDEN NA	AME				
	James H. H	yer				en Cooi					
		IN U. S. ARMED FOR		AL SECURITY NO. 17.	INFORMANT T	he Med:	ical R	ecord Add	ess		
	No	yes, give not of doller of to		certainable	The Cl	inical	Cente	r, Bethe	esda 14,	Mary	rland
	18. CAUSE OF DEAT	TH [Enter only one co	use per line far	(o), (b), and (c).]		-				TERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	multe	ple threndros	y to premie	herria	whose.	hancul	Toppula	SET AND	DEATH
	170×	DUE TO	, 1		00,		. 0	1		,	^
	Conditions, if on	y, which) (b)	Phos	lehorous 3	2 into	recal	in		1	+ me	eles,
	gave rise to in couse (o), stoting t	nmediote (0			,					
	lying couse lost.	(c)	meta	state be	east Ca	ncer		-190		sixa	rs
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BL	T NOT RELATED TO	O THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART 1(0)		AUTOPSY RMED?
CERTIFICATION										YES	NO 🗆
RTIF	200. ACCIDENT WAS	S UNDERLYING A	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature	af injury in Pa	art I or Part I	of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	no	ne							
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea			LACE OF INJURY actory, street, affic	(Home, farm,	20f. (City o	r tawn)	(Count	1)	(State)
MEC	p. m.	19	While of work	1401 111116		o orogi, erc.,					
	21. I certify the	at I attended the	deceased f	rom March 2	6. 1957	, to Ma	arch 3	1, 1957	that I last	saw the	deceases
	alive on Mar		19.57	, ond that deot		E / 20/ A		the causes a			
	131	11 - 1			7:		DDRESS (Stre	et, city or town,	stote)		ATE SIGNED
	SIGNATURE WA	Illain I	(TI	yper_	MP The	e Clin	ical C	enter			
					Na	tional	Insti	tutes of	Health		
	PHYSICIAN'S WI	lliam J.Vi	eper, M	.D.	Be	thesda	14, M	aryland			
220	BURIAL CREMATION	, 226. DATE THEREO	0F 22c	. NAME OF CEMETERY	OR CREMATORY	:		ON (City, town, o		(Stol	e)
R	ANS. & BUR	IAL 4/3/57	7 S	T. RAYMOND	CEMETERY		NEW Y	ORK CITY	, NEW Y	ORK	
\sim	FUNERAL DIRECTOR'S	V. 6/1.		ADDRESS STLVER SPRT	NG, MD.	240. REC'D	BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE	
u	sainer &.	umpure	7,	OTHER OFFICE	ing inde	DATE 4	3-51	Bes	sie M.	thon	prog

VALUE OF THE STATE OF THE STATE

had the will abended the more than the self-February St. 191 absolute gravital leading bearing along the bearing the flower connection to continue therein the transfer that the state of the state

ON THE BUILDING

M

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03041 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No.

03134

Montgome	ייי		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Marvland	nere decease	b. COUNTY		before admiss	iion)
	If autside carporate limits earest tawn)		rs. 55min	c. CITY OR TOWN (If o	outside corpo			nearest tawr	1)
d. NAME OF HOSPITON	TAL (If not in hospital, given on Sanitaria	e street address)		d. STREET ADDRESS Rt. #2	1				FARM?
3. NAME OF	First	dit & HOSP	Middle	lost	4. DATE				
(Type or print)	Emma		(NMN)	Olsen	OF DEATH	Mar		- 1	Year 1957
5. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
Female	White	WIDOWED 🔀	DIVORCED [L-L-8I		75 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION during most of wor Housewif	king life, even if retired)	ine 10b. KIND OF	BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole Norway	ar foreign c	ountry)		N OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
Ole Olse	n			Karen Morte	ensen				
IS. WAS DECEASED EVE	R IN U. S. ARMED FORC		CURITY NO. 17.	INFORMANT		Add	ress		
No	(ii yes, give war or dones or ser			Hospital Recon	rds				
Canditians, if a gave rise to i case (a), stating lying cause last.	the <u>under-</u> DUE TO (c).	Gi.	enoug as	ture scho	m c	Hyper	lum	5-1	3 mg
CATIC		THOMS CONTRIBO	cabele	T NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	TEN IN PART I(PERFC	RMED?
20a. ACCIDENT WAR	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER]	Ob. DESCRIBE HOV	W INJURY OCCURRE	ED. (Enter nature of injury in I	Part I ar Par	t II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	RY Manth, Day, Year 19		while fo	LACE OF INJURY (Home, form actory, street, affice bldg., etc.		r ar tawn)	(Cau	nty)	(State)
				1-1-6	2/2	6/ 105	tkat I las	t can the	decease
ACTUAL SIGNATURE	at 1 attended the 3 12 6 1		and that death	, 195 3, to h accurred at 3:35 M.D. 740/		m the causes of treet, city or town,	and an the		
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	5/3 6/ 10/2 1-1. C' 20 DATE THEREOF	1957. Woll H. W		M.D. 740/	ADDRESS (S	n the causes o	and an the		ate signe
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	5/3 6/ 10/2 1-1. C' 20 DATE THEREOF	1957. Woll H. W	and that death	M.D. 740/	22d. LOCA	m the causes of treet, city ar tawn,	and an the	date state	ad abave

CERTIFICATE OF DEATH

BUREAU V. &

the last set and and

7261 88 AAM

BECEINED

CERTIFICATE OF DEATH

3	00.40	CENTITICA	IL OI DEATH	Reg. Dist.	No. 2/
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		before admission)
	o. county Montgomery	MARYLAND	o. STATE.	b. COUNTY D N TO	Maker
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL ond ave	nearest town
	RURAL ond give neorest town) Bethesd:	45 Min.	XA Chevy Chase 15		
	d. NAME OF HOSPITAL (If not in haspitol, give street a		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	or Institution Suburban Hospita		4911 Dorset Ave		YES NO
	3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
	(Type or print) Charles		O'Neile DEATH	March 23.	13 1957
	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH		EAR IF UNDER 24 HRS.
	Male White WIDOWE	D DIVORCED	November 13,1884	72 yrs.	
1	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)				N OF WHAT COUNTRY?
1	Printer Bu	Ingrav. & Prin	t Philadelphia, F	2.	ISA
ĺ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John E. O'Neile		Unknown		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (S) (179), no. of uglandwn) (If yes, give war or dates of service)	11/1 . /	FORMANT	Address	
2	NO - U	N TNOWN LOW	ise B. O'Neile	same as	2
	18. CAUSE OF DEATH [Enter only one cause per line	e far (a), (b), and (c).	1. andust.	, 1	INTERVAL BETWEEN
j	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	corona	My occurrence		1/2/1/
	42011 DUE TO B	al which are	The Dallanas	h10010	num
	Conditions, if ony, which gave rise to immediate	VIIII Val	XIII TURNET	MILITAL)	JUPS.
	couse (a), stoting the under-				V
	lying cause last. (c)	ONTRIBUTING TO DELTH CO.	IOT DELATED TO THE TENAME TO THE	COMPLICATION	I I WAS ALTORSY
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	PERFORMED?
	200 ACCIDENT WAS HARRING TO 204 DESC	DIRE HOW INTERPO OCCUPATE	(Enter nature of injury in Part 1 or Port	II of item 181	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ANDE HOW INJURY OCCURRED.	terner nature of injury in rail 1 or Fort	is or tiens 10.7	
		JURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City	or tawn) (Cau	enty) (State)
	Hour a.m. While	_ Not while _ facts	ory, street, affice bldg., etc.)	(Cat	(sidie)
		1	We May	0.0 . 544	
	21. I certify that I attended the decease	and a series	1970, to 11/10		st saw the deceased
	alive on 190	and that death		n the causes and an the	date stated above.
	ACTUAL AB ATIL	areko	ign n. M	DENIALO PL	Ugh. DATE SIGNED
	SIGNATURE (EXCEPTION)	My Com	10. 10 MA WIL	41-MAYNAL	J-21
	PHYSICIAN'S PLATE QUAVE	Ve	Masks	jugton of	C
	220 BURIAL CREMATION, 225 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCA	ION (City, town, or county)	(Store)
	BUVI 3 3 27 57	Prospect	-Hill	VVashingt	on, AC
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC'D BY REGIST	RAR 246. REGISTRAR'S SIGN	ATURE
	11. W. mambels Co.	Wash.	AT CHAFED OC1	OFT Beauty	Than!

M funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the haspital or attending physician.

TO FUNERAL DIRFCTOR: After this certificate has been signed by the attending physician and campletely filled in by the function page 3 should is established for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 mild be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

AFFARIS TO STADRIUSED

MAR SG 1957

BUREAU V. S.

The state of the s 101 1 21 1.

1

ADDRESS

Gaithersburg ... d.

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

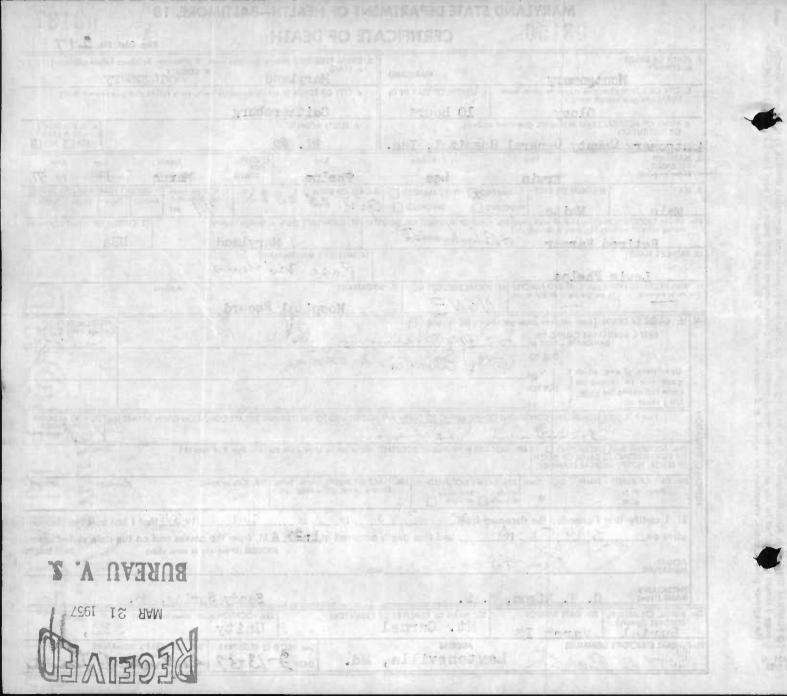
Gartner.

death.

ofter

De la sed and CAO Cal thoreware avone a II. Chestant Street Montgomery County General Bosoitel, Ans. 101 0.12:00 HOTAH! A SECURE OF THE PARTY OF THE PA AEU BOX STREET Truncas Marte Charles The test of the course of the course of 12:57 M. Not the course for the threshold of earthoremer, vo. L. I. Leng. M. D. 7801 IS 9AM

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Hours

ON A FARM? YES NO

Year

WAS AUTOPSY PERFORMED? YES NO

(Stote)

(Stote)

19 5

1261 21 UVI I se my Corrected to in 1. M

03043	MARYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BA	LTIMORE,	18
03043	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	R
DEAVIL			A MANAL PROPERTY AND	-	1.41 1.45 1.45	

		()	31	33.
Reg.	Dist.	No.	2	15

1. PLACE OF DEATH o. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Montgomery Montgomery Montgomery Montgomery Montgomery Montgomery Montgomery						dmission)				
b. CITY OR TOWN (IF	outside corporate limits, writ		c. LENGTH OF STAY IN	1b (c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				town)	
and give necrest town	Park		5 min.	1	17 Takoma Park					
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in ho	spital, give street address)		. STREET ADDRESS					RESIDENCE
Sligo- 7th	Day Adven	tist	Chutch		6710 Allegheny Ave					
3. NAME OF DECEASED (Type or print)	John Fir	st A	Middle	ierso	Lost N	4. DATE OF DEATH	Mar.	h 16, 19	Day 57	Year 19
5. SEX	6. COLOR OR RACE	7. MARR	IED T NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years	IF UNDER 1		NDER 24 HRS.
male	W	WIDOWE	DIVORCED	Dec	. 22. 187	5	last birthdoy 8] yrs.	Months D	ays Hour	s Min.
10a. USUAL OCCUPATION during most of working retired	ON (Give kind of work g life, even if retired)	done 10b.	kind of Business or ind	DUSTRY 1	. BIRTHPLACE (Stote		country)		SA	AT COUNTRY?
13. FATHER'S NAME	TELEVISION OF			14. /	AOTHER'S MAIDEN N	AME				
Not Ava	ilable				Not Ava:	ilable				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 12	7. INFOR		-1401	Address			
[Yes, no, ar unknown]	11f yes, give war or dates of	service)		Mrs	Munson Co	ook (adenhura	Now.	Janear	
18. CAUSE OF DEAT	TH Enter only one cau	se per line	for (a), (b), and (c),]	111 00 .	Tidilboil oc	JON, C	oguembur g	New	INTERVAL BET	
PART I. DEAT	H WAS CAUSED BY:		Coronary	ocelu	gion				anset AND	DEATH
420.	IMMEDIATE CAUSE (0)		OOI OHALY	OCCIA	81011				שמענ	1611
-Lander	DUE TO								0.11	
Conditions, if as										
(a), stoting the u										
couse last.) (c)									
PART II, OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	UT NOT RE	LATED TO THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PART		FORMED?
PART II. OTH PART II. OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	ISE WAS TRIBUTING []	b. DESCRIE	BE HOW INJURY OCCURRED	D. (Enter n	oture of injury in Port	1 or Part I	l of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Month, Day, Yeo	Whil			INJURY (Home, form eet, office bldg., etc.		y or town)	(Coun	1 y)	(Stote)
21. I certify th	at I taok charge	of the	remains described a	bove, I	eld an Autaps	y 🗍 , 1	nspection K	Inquiry	DC), one	find that
deoth resulted	from: Notural	couses [Accident ,	Suicide	, Homicide					
ACTUAL SIGNATURE	Trank 9	-13	rochart	M.D	CHIEF MEDICAL EX				DATI	E SIGNED
EXAMINER'S NAME (Type)	Frank J. H	rosch	nart		DEPUTY MEDICAL I			ar. 16	,1957	
20. BURIAL, CREMATIO REMOVAL (Specify)	MAR 20,	1957	HARD ISON	OR CREM	ETERY	NOR	TION (City, town,	CH	Hun	Gero Gero
L'arihur U	allus 250	Lan	rall DV XII	HC	DATE 3	BY REGIS	TRAR 246. REGI	STRAR'S SIGN	IATURE	Act
							//			

VS. A15ME(5) SM 9/55

ar remaval.

7201 '8 I AAM

BUREAU V. S.

PHRIOS MORPS, 1957 HARDHON SEMETERY NORTH

dependence of almost and the

. market the plant of the grant of the course

VS A1S (4) 1SM 9/5S

醋

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03140

						Kad. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDE o. STATE W	NCE (Where deceded ST VIRG)	ised lived. If institution INIA b. COUNTY	n: Residence bei	
RURAL and give r	(If outside corporate limits, write nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16 3 months		WN (If outside co	rporote limits, write RU	RAL ond give n	earest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give strue \$207 GEORGIA		d. STREET ADI	DRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mau c	de Alice	Plu	4. DATI OF DEA			Day Year 21. 19 57
5. SEX FEMALE	WELLET WAY	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6/4/77		9. AGE (In years last birthday) 79 yrs.	Months Days	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATI during most of wo Homemaker	rking life, even if refired)	Own home		E (Stote or foreign		U.S.	OF WHAT COUNTRY
13. FATHER'S NAME SAMU	EL SHAFFER		ANGELTA		(nown)		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT		8207 Geor	gia Ave	•
PART I. DE 420.0 Conditions, if a gove rise to coese (o), stoting lying couse lost.	immediate the under. THER SIGNIFICANT CONDITION		T NOT RELATED TO TH		isease.		19. WAS AUTOPSY PERFORMED? YES IN NO IN
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of i	njury in Port I or I	Part II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	Wł	d. INJURY OCCURRED 20e. P file Not white work of work	LACE OF INJURY (Ho octory, street, office b	me, farm, 20f. (C ldg., etc.)	City or town)	(County	y) (Stote)
21. I certify to alive an		eased from November 57, and that death amount of the second of the secon	M.D. 83	ADDRESS		nd an the d	
220. BURIAL, CREMATION REMOVAL (Specify BURIAL)	ON. 226. DATE THEREOF 3/23/57	22c. NAME OF CEMETERY CONTY CEMETER			PARSONS,		(Stote) Virginia
23, FUNERAL DIRECTOR	E'S SIGNATURE Arey.	SILVER SPRING,	MD.	4a. REC'D BY REG	ISTRAR 24b. REGIST	TRAR'S SIGNATI	URE (

CERTIFICATE OF BEATH

BUREAU K.

7261 88 AAM



Service section in the factor

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MILAN MAIN STATE OF THE PARTY OF THE STATE OF BUREAU V. & 7261 II- AAM **は過程を支援が**のは、別しても200 開発期 . H. College C

			/
- è 2	}	on,	
0 7	2	o.	1
SOS		E.	
0	,	0	
20	1	O	
SSO	3	bur	
00	4		1
2 3		0	
7	les.	ğ	
007	4	20	
0	0	Sist	
uo J	5	Te	
= 9	20	9	
4 0	Ded	the state of	
3 60	0	× ×	
70 7	5	2	
fe	5	ono	
500	0	-	
500	E .	ges	
4 5	0 0	Po	1
20	Pos	0	
#		-	
*	X	nit.	
1 sed	8	Per	
3 8	Por	=	
exe	2	ons	
9 .=	3		
P	ng	.0	
0 0	100	5	
S. C	9	0	
0.0) FF	Ö	
ific	S	Sec	
ert		0	
is o	- uu	9 5	
THE PER	X	300	
OK 3	=	Sh	
Z	Jic	6	
AM	Ye o	60	
X	-	.:	
3	E	Ö	
Cote			
ED S	-	Į.	-
2	1 10	7	-
TI	de	RA	SVO
2 -	OF	Z	0
0 5	0	F	20
0	bộn	0	C
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the certificate within the world "pending" in pending 18. Give Pages 1.2 and 3 to the funeral disease.			
VS.	415/	ME(5)
5A	19/	55	

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
03153
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 03142 Reg. Dist. No. 2/2

1	G. COUNTY MINTENANTE MARYLAND	o. STATE b. COUNTY b. COUNTY
	b. CITY OF TOWN (If outside corpored limits, write RURAL) c. LENGTH OF STAY IN 16 and give necessit (gwn)	c_CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Elmer Arthool + Clark Hollow Res VES NO
	NAME OF DECEASED (Type or print) John 9. Than	Poole 4. DATE Month Day Year OF DEATH Many 27 1957
3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Male WIDOWED DIVORCED DIVORCED	DATE OF BIRTH 9. AGE In years IF UNDER 1YEAR IF UNDER 24 HRS.
1	during most of working life, even if retired	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? M S C.
1	3. FATHERS NAME Elgin Poole	Himsel selgus Rolling Ind
任	5. WAS DECEMSED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. In o, or unkfoyn) (If yes, give wor or dates of service)	Raymond Porte (Sin) Portesulle me
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b)	Occlusion interval between onser and death suddline
70	gave rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CEPTICICATION	200 EXTERNAL CALICE WAS 200 DESCRIPE HOW INVERSE OF THE	YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, ry, street, affice bldg., etc.) 20f. (City or tawn) (Caunty) (State)
1	21. I certify that I taak charge af the remains described abardeath resulted fram: Natural causes X, Accident , Suice	ve, held an Autapsy, Inspection 🔀, Inquiry 💢, and find that cide, Hamicide, Undetermined cause
	ACTUAL FRANKS. Bronhant	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S FLANK J. Brosehzht	ASSISTANT MEDICAL EXAMINER 3 3-27-57
	10. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR SEMOVAL (Specify) 2/30/57 ADDRESS ADDRESS	CREMATORY 22d. LOCATION (City, town, or county) (Stare) 24a. REC'D BY REGISTRAR 24b REDISTRAR'S SIGNATURE)
1	Villian B. Willon Barnesillo	MAC DATE MAN Darling Som

BUREAU K. E. DECENTED

Robert A. Pumphrey-Bethesda, Md.

VVVVVXV

CERTIFICATE OF DEATH

Reg. Dist. No. Q. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY North Carolina c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlotte d. STREET ADDRESS IS RESIDENCE ON A FARM? Route #1, Box 25 YES NO N 4. DATE Month Poole, Jr. DEATH March 25. 19 B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years October 20, 1956 12. CITIZEN OF WHAT COUNTRY? North Carolina U.S.A. 14 MOTHER'S MAIDEN NAME Margaret Dillard 17. INFORMANT The Medical Record Address Clinical Center, Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES KIK NO (County) (State) factory, street, affice bldg., etc.) 19 57, to March 25, 19 57, that I last saw the deceased , and that death accurred at 3:10 p.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) The Clinical Center National Institutes of Health Bethesda ll. Maryland

PLACE OF DEATH o. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Bethesda Li, Maryland 18 days d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
The Clinical Center, Betheada 14, Md. 3. NAME OF Middle Ted (Type or print) Edward 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX Male White WIDOWED [7] DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) None 13. FATHER'S NAME Ted Edward Poole, Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No None 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Hour o.m. Not while of work at work 21. I certify that I attended the deceased from March 7 March 25 ACTUAL Gurston Goldin, M. D. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Bur FEMONAL (Specify) 3/26/57 Greenwood Gaston Co., N. Carolina 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

FUNERAL I

a P

HOSPITAL OR

burial-transit

the California deploy, Restaught the rat, - Roston Rai, Nov. 25 ess doront years a real minor bears of

BUREAU V. S.

APR 1 1957



dr. - rost 3/20/17 Greenwood

attraction because, 1, 2, at the

. De t . : un pliey-r e nesas, c.

Robert A. Pumphrey-7557 Wis. Ave. Bethesda, Mdate

VS A15 (4)

1SM 9/SS

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington-Rock Creek Hills e. IS RESIDENCE ON A FARM? 9812 E. Bexhill Drive YES NO NO Month Year Day March 57 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 66 vrs Menths Hours Min. yrs 12. CITIZEN OF WHAT COUNTRY? USA Address Lucy Powell-Same Item #2 INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🕅 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (County) (Stole) 192 / that I last saw the deceased and that death accurred at 1000 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) 3921 Ingomar St. N. W. Wash. D. C 3921 Ingomar Street, Wash. D. C. 3/2/1957 22d. LOCATION (City, town, or county) (Stote) Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		RIFFICATE OF	12.55		
T ballog no	onstan.	di Allin A		wontestro	
	Hill Fisch Crack Line			nozen.	127.0
	e. Eveniil eus	12108	10 Z 1.11	inits i .	8408
	nona -	100		n f	
	3 4 0001	, ET 72 THE		211	oi.
	non, Ilanussee		<u> </u>	ſ	Lesles
	govlenou	Juli		Hernall off	IVILOU [
	2. no'l om 8-mo'	oz gon i lets	-1016		1.
		D. M. Conserva			
e Alma e	TOTAL YOU		14	Addingues III	
			ar anto de	o manufaced	
			(1 + 21) (1 + 21) (1 + 21) (1 + 21) (1 + 21) (1 + 21) (1 + 21) (1 + 21)	140 570	
	DE THE PARTY OF THE				
EVN K. 8	BUR			e labora i Tara Labora i Tara	dage I re
1957 B	m control N. M. Standard	1990 as	Chillian I	45477	-
100	Ingomar steed, and			in the war	Carried S
CEIIVEL	30 0000	lore si nor	rile e elin	3/4/18	1-1
	ni Maresat Horespie	ve. Barnosday, k	1 .81W 1861		A 1120

03145

03	4 5	C
Ua	10	99

00100				Keg. Dist. Nov.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution and b. COUNTY	n: Residence before admission) Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 6309 Tone Drive		d. STREET ADDRESS 6309 Tone DI	r. Beth. Md.	e. IS RESIDENCE ON A FARM? YES NO 7
3. NAME OF First DECEASED (Type or print) Margaret	Middle	lost Prager	4. DATE Month OF Marc	2 77 77 pr 2740
5. SEX 6. COLOR OR RACE 7. MARI WIDOW		8. DATE OF BIRTH 3/3/83	1 1 1 1 1 1 1	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) HOUSEWIIE	KIND OF BUSINESS OR INDU	Hungary	or foreign cauntry)	US A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Josef Robitsek		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown (If yes, give wor or dates of service)		nformant njamin A. The	eman, 6309 Tone	or., Beth., Md.
PART 1. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) 199, 9 Conditions, if any, which gave rise to immediate cotse (a), stoting the under-lying cause last. (c)	Hepolec elastalic o site un	denocare	uoma, fr	ONSET AND DEATH 2 worth
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18.)	
ZOC. TIME OF INJURY Manth, Day, Year 20d. I Hour a.m. 19 While p. m. 19	Not while to	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive on March 11, 19 actual signature Signature Service Ser		M.D. 901 20-		that I last saw the deceased above tote) 3-11-5
22g. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/12/57	20c. NAME OF CEMETERY O Beth Olom Cem	etery	22d. LOCATION (City, town, or Queens, L. I.,	37 - 1-
23. FUNERAL DIRECTOR'S SIGNATURE Bernard Danzansky & Sons,	ADDRESS Walh., 3501 14th St.,	TAG: NEC I	100	TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or attending physician.

TOR: After this certificate has been signed by the attending physician and campletely filled in ached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and Prio burial, cremotian, or remaval, and in any event within 72 hours offer death. TO FUNERAL DIRECTION PAGE 3 should be the registrar priority. VS A15 (4) 15M 9/S5

uneral director,

In by tand 2

100000000000000000000000000000000000000			
	HTARORO ET	CERTIFICA	
	and the continuous of the state of the continuous and the continuous a		
and the last tree	LINEAR THE PROPERTY OF STATES		
	105 705 2°C		road Control
	(# pol g/s		
	glajara		12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	mousely		Apartido Terrol
Tong of . Dell's, No.	Cents A. Thecand, 5309		
			CONTROL OF THE PARTY OF T
			Name and the second
BUREAU V. &	The second secon		and the second of the Affine C. T.
AAM AAM			average parties
BECEINE	Life to the last of the last o		
-000	HE SHE SHEET SHEET		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03044 **CERTIFICATE OF DEATH** director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b** COUNT MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and pive neagest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS NAME OF First DATE Month DECEASED OF DEATH (Type or print) 5. SEXE 6. COLOR OR RACE 7. MARRIED TINEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 1135 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO per couse (a), stating the under-Les 10 Scla, mi lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 2 19.57. that I last saw the deceased alive on ____, and that death occurred at 1.32 11. M, from the causes and on the date stated above. ò ADDRESS (Street, city or town, state) ACTUAL arrive SIGNATURE 00 DIR ď 0 HOSPITAL PHYSICIAN'S NAME (Type) noy be 22-BURIAL, CREMATION, 22b. PATE THEREOF 22d. LOCATION (City, fown, or county) NAME OF CEMETERY OR CREMATOR EMOVAL (Specify)

ABDRESS

Reg. Dist. No.

Months

e. IS RESIDENCE ON A FARM? YES NO TO

Yeor

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

days

PERFORMED? YES NO Z

(Stote)

DATE SIGNED

(Stote)

12. CHIZEN OF WHAT COUNTRY?

Days

(County)

246. REGISTRAK'S SIGNATURE

24a. REC'D BY REGISTRAR

VS A15 (4) 15M 9/SS

23 FUNERAL DIRECTOR'S SIGNATURE

0 0 RECEIPTANTE OF DEATH

BUREAU V. S.

Time the sale

Seel as AAM

SECENA ED

VS. A15ME(5) 5M 9/55 M

00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH RATH OMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institutions of STATE Maryland b. COUNTY) MARYLAND AMERICAN COUNTY MARYLAND AMERICAN COUNTY MARYLAND MARYLAND MARYLAND

(13147 Reg. Dist. No. 216

Wontgomery		MARYLAN	- CTATE	Where deceased lived. If Instity	Tontgom	
b. CITY OR TOWN (If outside corpo	rate limits, write RURA	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	If autside corporate limits, write n John		
d. NAME OF HOSPITAL OR INS	ur Blvd.	in hospitol, give street address)	d. STREET ADDRESS	MacArthur Blv	d,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PERC	Y	EUGENE REI	DDEN	4. DATE Mont		Year 19 57
Male Whi	te wid	AARRIED 🔀 NEVER MARRIED 🗌	May 4, 1890		Mapths Days	Haurs Min.
100. USUAL OCCUPATION (Give kinduring most of working life, ever Retired-Ch. Qua	if refired)			Maryland		OF WHAT COUNTRY
William Th				Pennifield		
	or or dates of service)		sabelle L. Re	edden-Same Ite		
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CA IMMEDIATI L. Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO DUE TO DUE TO	r line for (o), (b), ond (c),] Coronary Occlu	sion		00	reival between Net and Death Sudden
PART II. OTHER SIGNIFI	20b DES	NS CONTRIBUTING TO DEATH BU			VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO E
		The state of the s	temor notore of injury in ro	in For it of them 16.)		
20c. TIME OF INJURY Mon Hour a. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	LACE OF INJURY (Home, for actory, street, affice bldg., etc	m, 20f. (City or town)	(County)	(Stote)
	-	the remains described at es K., Accident ., S	The state of the s			and find tha
ACTUAL SIGNATURE	& Bu	nhait	M.D. CHIEF MEDICAL E			3/4/57
EXAMINER'S Frank	f. Bros	chart	DEPUTY MEDICAL	EXAMINER (0,1,0,
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify) 3/7	/1957	22c. NAME OF CEMETERY OF Parklawn		22d. LOCATION (City, town, Montgomery		(Stote) Maryland
Robert A. Pump		ADDRESS 557Wis. Ave. Be		D BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATI	lerm bao

Monteomerge	bnalyne m		,i= ne i
	Cauli John		ri o ilo
lyd.	e am made asia 1977		owl I sperie call, 1977
eroby,	A model of Nation	ena suapuu	YOU I DOE
0 01	May 1, 1830		0.2M
	brish palik god you	1 M. S. Covt.	orred-ch. Lukeleman
	Maring Pality sel	r. Table	Lagrand Linguist I
	Louis -nubber i elledk		
1	roi	Dioc of the Party	
	A REPORT OF THE STATE OF		
	District designation		
BUREAU V.	Personal III - yann or bergen		
TSCI 7 AAM	District Co.		M 76 1 %
		1 101107	.0 21
SECENAE		gwsiang	

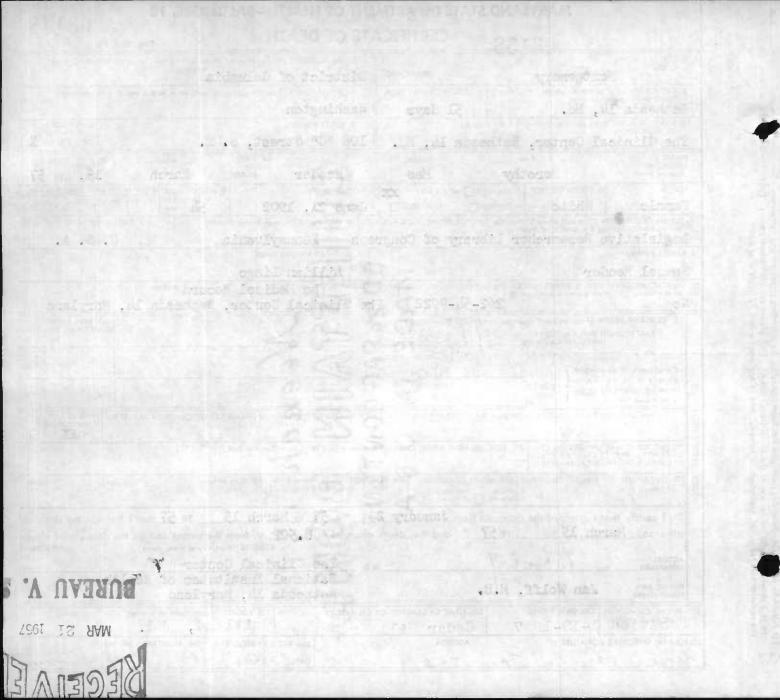
VS A15 (4) 1SM 9/S5 M

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE	, 1	1 3	8
---------	-------	------------	----	------------------	-----	-----	---

03158 CERTIFICATE OF DEATH

3			()	3	1	4	8
Reg.	Dist.	No.	2	1.1	0	M	

o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W. District of	(here deceosed lived. I	f institution: Residence COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits	, write RURAL and gi	ve nearest town)
Bethesda III, Md.	51 days	Washington		47X-3	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE
The Clinical Center, Beth	esda 14, Md.	108 "C" Str	eet, S. E.		YES NO W
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Doy Year
(Type or print) Dorothy	Mae	Reeder	DEATH	March	15, 19 57
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (41 4 4	YEAR IF UNDER 24 HRS.
Female White WIDOWE		June 21, 19	02 51		Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY?
Legislative Researcher Li	brary of Congr	ess Penns	ylvania		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Samuel Reeder		Lillian	Lingo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT The Me	dical Recor	d Address	
	2-54-9922	he Clinical	Center, Bet	thesda 14,	Maryland
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), ond (c).]				INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Herratic	raile	ue		ONSET AND DEATH
58/10 DUE TO					
Conditions, if any, which) (b)	Cirrh	D15			
gove rise to immediate DUE TO					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
CAT		S. C. C. C.			YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item	n 18.)	
		ACE OF INJURY (Home, forstory, street, office bldg., etc.	m. 20f. (City or town)	(Co	ounty) (Stote)
Hour a. m. 19 While of work	Not while to ot work	lory, sireer, office blag., en	c.)		
21. I certify that I attended the decease	ed from January 2	3 19 57 to M	arch 15	19 57 that I la	ast saw the deceased
glive on March 15 195	and the same of th	occurred of 8.50			
	, ond mor deam	occorred of Daylor	ADDRESS (Street, city		DATE SIGNED
SIGNATURE J-W6-CM		M.D. The Cli	nical Cente	r	
			l Institute		th
PHYSICIAN'S Jan Wolff, Mil	0.		a lli. Mary		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City		(Stote)
Cremation 3-18-1957	Gedar Hill	Crematory	Suitland	, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS W	7 77 77 77	D BY REGISTRAR 2	b. REGISTRAR'S SIGN	NATURE
Joseph Hawler's Son	1746 80	NO M.W. DATE 3	-18-5) 1	Binis &	n Hombon



REPUBLICATE OF DEATH

BUREAU V. E.

7261 61 9AN

BCEINED .

funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 M by the haspital ar attending physician. GAOR: After this certificate has been signed by the attending physician and campletely filled in by the cache far use as the burial-transit permit. Then please remaye-carbon papers. Pages 1 and 2 strength burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained by TO FUNERAL DIRFORM Page 3 should & the registrar prior of the registrar

VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	8

03160 CERTIFICATE OF DEATH

Reg. Dist. No. 21750

O. COUNTY MONTOOMENU MARYLAND	a. STATE DE COUNTY COUNTY COUNTY COUNTY COUNTY
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
RURAL and give nearest town) (PLINE) (VEAN. 4ma)	Runal Otner XI
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS . Is RESIDENCE
Brooke Grove foundation	BOX 195 OLNEY Md ON A FARM?
3. NAME OF DECEASED (Type or print) William Howard	RIEGNEN 4. DATE Month Day Year OF DEATH MORCH 15 1957
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORE	B. DATE OF BIRTH 9. AGE (In years lat birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF CHIEF	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Kiegner	Louise Michaels
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (19t, no. or unknown) (If yea, give wor or dates of service) (16. SOCIAL SECURITY NO. 17. IP	ra. U.T.H. Riegner 1220 Dale Dr Sils
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Asmonhage Interval Between onset and Death
Conditions, if ony, which gave rise to immediate (b)	Telerin Gran
cause (a), stating the under. DUE TO lying cause last. (c)	rilaty
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO 7
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. While Not while fac at work of work	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) tary, street, affice bldg., etc.)
21. I certify that I attended the deceased from 2/1/ 5 C	1956, to 3/15/ , 1957, that I last saw the deceased
alive on 31.10/ 19.57, and that death	occurred at 9.2 M, from the causes and an the date stated above.
ACTUAL SIGNATURE A	ADDRESS (Street, city or lown, stote) DATE SIGNED V.D. 3/10/57
PHYSICIAN'S J. W. BIRD	
220. BURIAL, CREMATION, 226. DATE THEREOF STAND CEMETERY OF NORLAND CEMET.	
23. FUNERAL DIRECTOR'S SIGNATURE SILVER SPRING	G, MD. 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATES -16-57 Gertrude B Lawler

BUREAU V. L.

TOGI IS AAM

E all 1910 201

DECENTED

CERTIFICATE OF DEATH

Reg. Dist. No. 223

100			
		SUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY	before admission)
		CITY OR TOWN (It outside corporate limits, write RURAL and give	re ne rest town)
-	takena falk who 19	200 Woodside PKweDi	on my
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	S. STREET ADDRESS	e. IS RESIDENCE
7	Celar Haven hest Home	200 Woodside Kin	YES NO NO
	3. NAME OF DECEASED (Type or print) Mangaret Tane Rigo	1. DATE - Month OF DEATH March 25	Doy Yeor
5. 9	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DAT		YEAR IF UNDER 24 HR. Days Hours Min.
100	10c. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) OWN 10ME	BIRTHPLACE (Stole or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
13.	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
	Dawe & vans	Mary E. Fears L	VANS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (If yes, give wor or dates of service)	Sears 4 1200 Woodside Pkwy	niece)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Silver Spring, Md.	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Mys cardial	Intarction	gary
	4 & O . I DUE TO		-
	Conditions, if any, which gove rise to immediate DUE TO		
	lying couse lost.		
NO		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED?
ICAT	3 Carcinoma of neck	- 10 yrs.	YES NO
CERTIFICATION		er noture of injury in Portl or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	F INJURY (Home, farm, 20f. (City or town) (Constreet, office bldg., etc.)	unty) (Stote)
>	21. I certify that I attended the deceased from Fally	195 7 to March 25 79 3 That I la	at case the decease
	^	urred at 2 PM, fram the causes and on the	ist saw the deceased
	I DA	ADDRESS (Street, city or town, state)	DATE SIGNE
	SIGNATURE COMPS W. WILLIAM M.D.	7)0/ Canal a	~
	PHYSICIAN'S JAMES M. WHITLOCK	Jakonafask 12 md	<u>]</u>
22c	220. BURIAL, CREMATION, 22b. DATE THEREOF RIGGIN CEMETERY OR CREATERY BURIAL 3/28/57	MATORY 22d. LOCATION (City, town, or county). CRISFIELD, MARYLA	ND (Stote)
23.	23. FUNERAL DIRECTOR'S SIGNATURE SILVER SPRING, 1	MD. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	IATURA ALA

funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 OR: After this certificate has been signed by the attending physician and completely filled in by that lacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 y to burial, crematian, ar removal, and in any event within 72 haurs after death. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been sit page 3 should the lacked for use as the burial-transit the registrar priar VS ATS (4) 15M 9/SS

M

CENTIFICATE OF DEATH

BUREAU V. S.

1281 88 AAM

BECEINST

hours after death.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Letter Cist

Burist 7 3/15/57 N.C. Clivet

Lowert A. Pumpiney-Bernesde, Maryland

BUREAU V. &

7201 61 9AM

TO FUNERAL DIRECTOR the registrar pria

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03162

CERTIFICATE OF DEATH

Reg. Dist. No. 216

03153

1.	PLACE OF DEATH	777		M	ARYLAND	2.	USUAL RESIDENCE STATE Marvla		re deceased	b. COUN				sion)
P	b. CITY OR TOWN (IF RURAL ond give nec	outside carporate limi prest town)	ts, write	c. LENGTH OF S	TAY IN 16	~	c. CITY OR TOWN	N (If ou	tside corpore	ote limits, write	RURAL one	give nec	prest fow	1)
-	Bethes			1		X-	Bethes	-						
3	d. NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		1	d. STREET ADDRE						e. IS RES	FARM?
L	4418 Mon	tgomery	Ave.				4418	Mon	tgome	ery Av	e.			NO
3.	NAME OF DECEASED (Type or print)	Fir	st	Mi	iddle P	60	Lost		4. DATE OF DEATH	× 5	onth >	Do		Year
-		Ernest	-	Р			NGARTH					O I VEAD		195
3.	SEX	6. COLOR OR RACE	/· MARI	RIED MEVER MA	ARRIED	8. DA	ATE OF BIRTH		1	P. AGE (In year lost birthday	Months		Hours	ER 24 HRS.
	Male	White	WIDOW	ED DIVO	ORCED 🔲		11/7/19	000		56 y		20	1.0013	TVIIII.
10	USUAL OCCUPATION	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINE	SS OR INDU	STRY	11. BIRTHPLACE	(Stote o	r fareign ca	untry)	12. C	ITIZEN C	F WHAT	COUNTRY?
T		Architec		om bus:	iness	31.3	Penns	vlv	rania			US	SA	
	FATHER'S NAME	AT CHITOCO	0	Jen Dab.	211000	14	. MOTHER'S MAIL	-9/						
/		. 5		,										
1.0	Wm .	A. Rosen	gart	cn .	110 117	N1505		nov	VII		1.1			
	WAS DECEASED EVER	f yes, give wor or dates of s	cES7 16. ervice]	SOGIAL SECURITY	NO. 17.	NFOR	MANT				ddress			
	No			ttt app	lvabl	e	Wife)		Aloc	ve			
	18. CAUSE OF DEAT	H [Enter only one co	use per li	ap for (o), (b), and	(c).]		- (0	SeyOle Y	10.1910			ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	. (ALALL	100011	7	11	11	110			ONS	ET AND	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ONSET AND DEATH The second of the s													
	1091		- 35			/			(/					
	Conditions, if an					0			V					
	cotse (o), stoting th													
	lying couse lost.) (c)											
NO.	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT	RELATED TO THE	TERMIN	IAL DISEASE	CONDITION	IVEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY RMED?
15														NO K
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJUR	RY OCCURRE	D. (Er	iter noture of inju	ry in Po	ort I or Part	11 of item 18.)				
CER	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	MEDICAL EXAMINER)												
X	20c. TIME OF INJURY		or 20d. I	NJURY OCCURRED	20e. Pl	ACE (OF INJURY (Home	e. form.	20f. (City	or town)	_	(County)		(Stote)
MEDICAL	Hour o. m.	19	While	Not while	fo		street, office bldg			or to mily		(County)		(aloie)
Z	p. m.	19	ot wor	k ot work				-						
	21. I certify the	at I attended the	deceas	ed from 4	bill		, 1956, to	Me	uch s	22, 195	Z,that I	last so	w the	deceased
	alive on_ Ms	1111,25	. 19	5 7 and/	hat death	acc	curred at 2.5	80	M. from	the causes	and an	the da	te state	ed above
		// / /	217	11:01						eet, city or tow				ATE SIGNED
	ACTUAL V	1 h. 1/1	V//	into	vike	/	1741	/	1	57	11	11	7	15-1-
	SIGNATURE	March 1	400	and the	7	M.D.							32/	2-42-1
	PHYSICIAN'S PO	BERTK	1	TUN 160,	MERY	1	WAS	H	ING	TON,	DC	4	/	/
22	O. BURIAL, CREMATION	, 22b. DATE THEREC)F	22c. NAME OF	CEMETERY C	R CRI	MATORY	:		ON (City, town	, or county	17.	(Stot	e).
F	REMOVAL (Specify)	it 3/29/	57	Louis	Wills	B	uril Gr	r.	Gre	tna		V 7	rgir	112
	FUNERAL DIRECTOR'S			ADDRESS	Marv	la	nd 24a.	. REC'D	BY REGISTR	AR 24b. REG	GISTRAR'S S	IGNATU	RE	
1	Robert A.	Pumphre	. 7E	57 Wisc	.Ave.	dire.			28-6) 19.	- 6	21 1	1	1-

CERTIFICATE OF DEATH

BUREAU V. K.

APR 1 1957

BECEINED

certificate

HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

5261 88 AAM

BECEINED

The haspital or attending physical R. After this certificate has been ached for use as the burial-transit a burial, cremation

MEDICAL

ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR PAGE 3 should by the registrar prior TO HOSPITAL OR

1	3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03045 CERTIFICATE OF DEATH Reg. Dist. No. 223
Page 4	directar	M	1. PLACE OF DEATH OUT 490 WERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. STATE To b. COUNTY Tout 490 WER
r death.	d be		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Takoua Park 29 yrs. Takoma Park
iurs afte	by the	00	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7408 BALTIMORE AVENUE 7408 BOLTO AVE e. IS RESIDENCE ON A FARM? YES NOTE
n 24 ho	filled in ges 1 ar		3. NAME OF DECEASED (Type or print) Morg Dref ANN Middle Rowal Death Wearel 3 195"
d withi	rs. Pag		S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 4/25/88 9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 68 yrs. Months Days Hours Min.
execute	nd cam n pape death.	oed /	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Aduring most of working life even if retired) Own home Washington, D. C. U.S.A.
ate be	e carbo		13. FATHER'S NAME Christian Schneider 14. MOTHER'S MAIDEN NAME Fredricka Schulta
certific	ng phys remay 72 hou	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Joseph J. Rowan, 7408 Baltimore Ave.
he death	e attendi en pleas nt within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
s that t	d by the mit. The		Conditions, if ony, which gove rise to immediate (b) Corollard authorized solonors (0 yrs
require	sil per		gove the to immediate code (o), stoling the under- lying couse lost. DUE TO (c) 9 are role of contents pelaron 10 grs

PART I. DEATH WAS C.		er line for (a), (b), and (c).]	seulo	accide		ONSET AND	
Conditions, if ony, which		Cerebral	artie	in seles	452-3	10	73
codse (o), stoting the under- lying couse lost.	DUE TO	gameraly	ces les	terio Re		10 3	ro
PART II. OTHER SIGNIF		DESCRIPE HOW INJURY OCCURRE				PERFO	AUTOPSY ORMED?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

SILVER SPRING, MD.

20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) Day, Year foctory, street, office bldg., etc.) Hour o. m.

(County) (State) While Not while of work Ot work p. m.

1952, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2:45°PM, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 3/7/57 22c. NAME OF CEMETERY OR CREMATORY CEMETERY 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

22d. LOCATION (City, town, or county) WASHINGTON, D.C.

(Stote)

24a. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

CERTIFICATE OF DEATH

COLUMN TO SERVICE STATE OF THE SERVICE STATE OF THE

pile Parametra de la

THE PERSON CONTRACTOR AND ADDRESS.

BUREAU V. S.

TOOL 7 AAM

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

7521 4 A9A

BECENAED

24

2 0

complet

puo

physician

bu Bu

ā

m Bued

achi

DIRE

FUNERAL

0

VS A1S (4)

1SM 9/SS

3

prior

ofter

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

03157 Reg. Dist. No. 216

filed with	(M
pe		
P		

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) .. COUNTY Montgomery b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 5 1/2 yrs Kensington Kensington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 4406 Woodfield Road ON A FARM? 4406 Woodfield Road YES NO P NAME OF Middle 4. DATE Year DECEASED OF FLORENCE G. SCHANZENBACHER 1957 March 12. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Aug. 26, 1912 Female White WIDOWED T DIVORCED [yes. 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Holy Redeemer Brooklyn, N. Y. 12. CITIZEN OF WHAT COUNTRY? US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David M. Roach Florence Hughes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No George A. Schanzenbach-Item# 2 Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cotse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work 3/12 1957 that I last saw the deceased 21. I certify that I attended the deceased fram. __, 1954 , to and that death accurred at ?: 30 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATUR 1615 Edgefield Rd. PHYSICIAN'S NAME (Type) Kensington 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Bur-Transi Brooklyn New York Evergreen 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 3 - 16-6 Bethesda. Pumphrey. Maryland

NOT OF REALTH—BATTMORE, 18	MARYAAND STATE DEPARTAME	
Tangana di paganan	www. Valuegaren	
normina	nor.	(18(18)
and Voudireld Cons	broad blumon	
max 2 Culture Market 12,	artoande de l'édian	Ster -
-u. 28, 1918 - Ug		SILO
Ecoollyn, V. V.	Horisede (10)	10.
	rollool	V J
m Temp1-recognization 2001	SUPERIOR OF THE STATE OF THE ST	
BUREAU V. Z.		
7261 61 8AM		
OPACEDAED.	eras (moreanine) (Vaccinus) (n. a	

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

		R	eg. Dist.	No.	
I	2. USUAL RESIDENCE (WHO STATE	If institution:	Residence	before	odmissi

	o. COUNTY Montg	omery		MA	RYLAND	o. STATE Maryla	and	b. COUNTY	17	74	Marin		
	RURAL ond give ne	outside corporate limitorest town)	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF		20	IRAL ond	give ned	irest town) \	
	OR INSTITUTION	AL (If not in hospital, g		The same of the		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO					
3.	NAME OF DECEASED (Type or print)	fin Jose		Midd Joh		Lost SCHNEIDER	4. DATE OF DEATH	Mont Mar c		Day Year 30 19 57			
5.	Male Male	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MAR	RIED 🔯	8. DATE OF BIRTH 3-30-57		9. AGE (In years last birthdoy) yrs.	Months	Doys	Hours	R 24 HRS. Min.	
100	during most of work None	N (Give kind of work of ing life, even if retired)	done 10b. I	None	OR INDU	STRY 11. BIRTHPLACE (Stote		ountry)	12. CI	TIZEN O	U.S	COUNTRY?	
	FATHER'S NAME Le Roy E.					Jan L. God:							
		RIN U. S. ARMED FOR If yes, give wor or dates of s	ervice)	None		ther) LeRoy 1	E. Sch	Addreneider (S	ame 1	As#2)		
	PART I. DEAT		0	e for (o), (b), and (A A	telector	ies				RVAL BE		
	gove rise to in couse (o), sloting t lying couse lost.					4							
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIVE	N IN PAR	tT 1(o) 1	PERFO	NO [
-		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I or Por	t II of item 18.)					
b. CITY RUR. RUR. GR. W. GR. W. GR. GR. GR. GR. GR. GR. GR. GR. GR. GR	20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day, Yes	20d. IN While of work	Not while of work		De. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)				(County) (State)			
	21. I certify the	at I attended the	decease	d from 30 M	arch	, 19_57, to_3	O Marc	h 19.57	that I	last so	w the	deceasec!	

and that death occurred at 9:25P.M. from the causes and on the date stated above

NAME (Type) Contact Contact of	1. 11,10,001 0.5.	Mayar nosprear, bethesea, m
O. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)

Arlington Nat'l Cemetery FUNERAL DIRECTOR'S STGNAFURE

Bethesda, Md.

240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE

Arlington, Virginia

(Slote)

TO FUNERAL DIRECT page 3 should be the registrar prior

TO HOSPITAL OR

requires that the death certificate be executed within 24 hours after death. Page 4

physician and completely filled

ofter death.

within 72 hours

remove corbon

os the burial-transit

ATTENDING PHYSICIAN: The low

uneral director, be filed with

. . THE LAND OF THE (second runs), wooled to be a worked (resigned)

BUREAU V. & and such soul, it was a few to have provided by the few to the same of the sam

7891. 8 . 89A



The second state of the second second

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03048 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE_(Where deceased lived. If institution: Besidence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND ONT GOTHEYE b. CITY OR TOWN (IL ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town Takoma d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? Washington Sanitarium YES NO 3. NAME O Middle DATE Day Year DECEASED (Type or print) DEATH 193 IF UNDER 1 YEAR IF UNDER 24 FRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH last birthday) Months Hours DIVORCED WIDOWED [yrs. papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cosse (o), stoting the under-CARCINOMA lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) NONG 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while at work of work /6, 195 / that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at 10.311 M, from the causes and on the date stated above. 30 DATE SIGNED ACTUAL SIGNATURE DIR ā P 14400754166 NAME (Type) 7 FUNE 22b. DATE THEREOF 22d. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page MOVAL (Specify 23. FURIERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/SS

CERTIFICATE OF DEATH

BUREAU V. S.

7201 61 AAM

BECEINED

VS A15 (4) 15M 9/5S 75

03049 CERTIFICATE OF DEATH

8 (13161) Reg. Dist. No. 773

1. PLACE OF DEATH o. COUNTY Montgom	ery		MARYLA		USUAL RESIDENCE o. STATE Virgi	1000	eceosed	lived. If institution b. COUNTY	on: Residence	before adm	ission)
b. CITY OR TOWN (I RURAL ond give no Takoma		ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	(If outside		ote limits, write R	URAL and give	nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	ton Sanitar		address)		d. STREET ADDRES	SS		A		ON	ESIDENCE A FARM?
						airha					
3. NAME OF DECEASED (Type or print)	Wi l fı		Middle Denham		Seal		OATE OF DEATH	Marc		Day I6	Year 1957
5. SEX Male	6. COLOR OR RACE	7. MARR	IED ₩ NEVER MARRIED DIVORCED [3-3I-OI		5	P. AGE (In years last birthday) 55 yrs.	Months Do	EAR IF UN	
10a. USUAL OCCUPATION during most of work Chief Classification (Chief Classification) (13. FATHER'S NAME)	king life, even if retired)	KIND OF BUSINESS OR I	. R.	11. BIRTHPLACE (S	trict		Columbia		meric	at COUNTRY
Aleva	nder R. Sea	1			Annie	Snia	le.				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO		PDIC	. A.	Addr	ess		
Yes, no, or unknown)	(It yes, give war or dates of s WW I Army	ervice)			Hospital 1	Recor	ds				
PART I. DEA 587. O Conditions, if o gove rise to i coese (o), storing lying couse last.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate coves (o), stoling the under-lying couse last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY										
CATIC	(d) due li Clasto Pencreatitis (Nomonlogie) 2 m PERFORMED?										
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	TRIBE HOW INJURY OCC	UKKED. (inter noture of injur	y in Port I	or ron	il of flem 16.)		The -	
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	While	NOT while of work	e. PLACE factor	OF INJURY (Home, y, street, office bldg.	farm, 201 ., etc.)	f. (City	or town)	(Cou	nty)	(Stote)
actual signature Physician's NAME (Type)	ARTHUR	. 12 E	of that de		. 1957, to coursed at 125	OAM,		the causes a set, city or town, Out		it saw the	e decease sted abave DATE SIGNES
220. BURIAL, CREMATIC REMOVAL (Specify)	MAR. K	195°	ADDRESS	- Contraction	(NCOIN	1	24	ON (City, town, o	BURG		inf)
23. FUNERAL DIRECTOR	altorne	2	3619-14	14	57/1 W DATE	REC'D BY	REGISTR	AR 246. REOT	TRAR'S SIGN.	ATURE	1-11

.

7261 61 9AM

	e cer	ded	ERAL	removol.
	ite th	forworded	FUNE	
	20	50	10	0
\$.	A	15	ME	5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

03161

1. PLACE OF DEATH G. COUNTY MONTE COMPTY MARYLAND						USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) O. STATE							
b. CITY O		itgomery outside corporate limits, write	RURAL	c. LENGTH OF STAY IN		D.C. OR TOWN (III	outside corp	porote limits, write	RURAL or	nd give n	egrest to	wn)	
		Spring		DOA		Washin	cton	471.	3			V	
			f not in hor	spital, give street address)		d. STREET ADDRESS e. 15 RESIDENCE							
		esville Rd			No	lonown	addre	188			_	A FARM?	
3. NAME O	D	Fir		Middle	L	ast	4. DATE OF	Mon	h	Doy		feor	
(Type or	print)	Danial	Henry				DEATH	Mar 1	195	7		9	
5. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS.	
mal		col.	WIDOWE	D DIVORCED	4/7/1	909		47 yrs.	Months	Days	Hours	Min.	
10a. USUAL	OCCUPATION	Give kind of work	done 10b. 1	KIND OF BUSINESS OR IND	USTRY 11, BIRTH	PLACE (Stote	or foreign o	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY	
cad	V or working	life, even if retired)			v					US			
13. FATHER	Y					'S MAIDEN N	JAME			UN	-		
	De11 9	horter											
		R IN U. S. ARMED FO	PCES2 114	SOCIAL SECURITY NO. 112	. INFORMANT	Rosy	C. Cur		-	-			
(Yes, no, or unk		If yes, give war or dates of		SOCIAL SECURITI NO.				Chapter .			•		
					Edith M	arshal	1 Was	hington,	D.C.				
18. CAU	ISE OF DEATI	I [Enter only one cau	se per line	for (o), (b), and (c).]						INTE	RVAL BETWI	EEN	
P		WAS CAUSED BY		Coron	ary occl	usion					Found		
11'	201	DUE TO	63000								baeb		
Condit	ions, if on	1111									LORU		
	se to immedi	ote couse					200		-				
	ting the u	derlying DUE TO								4			
couse) (c)											
CATION	ART II. OTHE	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED T	O THE TERM	INALDISEASE	E CONDITION GI	VEN IN PA	RT 1(o) 1		AUTOPSY PRMED?	
\alpha											YES 🗌	NOT	
₩ 20g, EXT	TERNAL CAUS Y Or CON OF DEATH.	FRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED	. (Enter noture of	injury in Por	t I or Port II	of item 18.)					
\simeq	AE OF INJURY	Month, Day, Yeo	While		PLACE OF INJURY octory, street, offi	(Home, formice bldg., etc.	20f. (City	or town)	(Co	ounty)		(Stote)	
21, 1	certify the	at I took charge	of the	remains described a	bove, held a	n Autops	y []. Ir	spection 🗷	Inqui	ry DC	, and	find the	
				Accident ,		Homicide		ndetermined	_	-	, erru	1110	
deam	resoried	- raiorar	caoses [oicide [],	riomicide	. П, от	idejeriinied	caose [٦.			
ACTUAL 7 . O.B											DATE S	SIGNED	
SIGNATURE ACTUAL & DISTINGT M.D. CHIEF MEDICAL EXAMINER													
EYAMI	NED'S TO.	amla T bas			ASSIST	TANT MEDIC	AL EXAMINE	R 🔲	1	1 1			
NAME	EXAMINER'S Frank J. Broschart DEPUTY MEDICAL EXAMINER								3/	17/1	57		
220. BURIAL,	CREMATION	I, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stote	e)	
Remov	AL (Specify)	3/17/57		John T. Rhir	es & Co	Farm I	Home	903 3rd	S+	Week	n	C	
	L DIRECTOR'S			ADDRESS			D BY REGIST		ISTRAR'S SI				
8.1.	# 2	1 11-	11 D-	-lev411- 162		ANAT	10	1047	7		1 1/.	11.	
Loke	サイ	sunde	4 Ro	okville, Mi.		DATE	119	1957	ones	reco	, To	lle	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

200. and the same of the same of West Cast Control . 1.0, . 18 12xtell 1758 natural ligación disibil and and open green the BUREAU V. S. rèci et aans ranacoully wanted establish W. W. Volta L. Animos & Co. van. Mone

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
03167	CERTIFICATE	OF	DEATH	R

M

8 03162 Reg. Dist. No. 214

V. PLACE OF o. COUNT		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY				
Beth	TOWN (If autside carporate limits, and give nearest towered.)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Maitland				
	DE HOSPITAL (If not in hospitol, give Clinical Center,	Bethesda 14, Md.	d. STREET ADDRESS Box 120 e. IS RESIDENCE ON A FARMS YES NOT				
3. NAME OF DECEASED (Type or pr	rint) Fred	George	Siegrist OF March 110 Years 1957				
5. SEX Mal	a lellas + a	MARRIED NEVER MARRIED	8. DATE OF BIRTH August 4, 1930 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
100. USUAL Coduring m	ast of warking life, even if retired)	None	STRY 11. BIRTHPLACE (State or foreign country) New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S	NAME		14 MOTHER'S MAIDEN NAME				
Fred	Siegrist		Maud Twitzhingzs				
15. WAS DEC	EASED EVER IN U. S. ARMED FORCE:	(a)	NFORMANTThe Medical Record Address				
Yes	WW II	264-52-6354 TI	ne Clinical Center, Bethesda 14, Maryland				
Conditi gave r cause (a lying co	ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ons, if any, which ise to immediate), stoting the under- puse last. ART II. OTHER SIGNIFICANT CONDIT	Acute lym TIONS CONTRIBUTING TO DEATH BUT Sociteremia	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
	IDENT WAS UNDERLYING [] 20 RIBUTING [] CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER]	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part II of item 18.)				
	OF INJURY Manth, Day, Year or a. m. p. m. 19	20d. INJURY OCCURRED While Not while at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)				
21. I ca alive o ACTUAL SIGNATU PHYSICIA NAME (T	RE John	19.57 and that death	occurred at 2.55P. M., from the causes and an the date stated abave. ADDRESS (Street, city or town, state) The Clinical Center National Institutes of Health Bethesda li, Maryland				
Transi	t (Specify) 3/12/57	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) Winter Park Florida				
- Y	Robert A. Pumphrey Bethesda, Marylandpared-14-67 Bernie M. Homfron						

Mani guestry Setherda 11, M. . 22 days Mastland The Climital Cantage, Petragon II, 101, 101 SEPT SEE CONTROL DATE or i describe and the second of the second Address Levis Pro-12-635 | The Clinton Compet. Web rest 11, Narriand New (12, 1977) State of the sta BUREAU V. S. John Hamalo, M.D. beinkyant, af donesided 7201 81 AAM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03168 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 6 COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Olney d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR JINSTITUTION di St. M. W. ON A FARM? 3rooke 1 voue oundation YES NO F NAME OF First 4. DATE DECEASED (Type or print) een DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED DI NEVER MARRIED los birthdoy) Nov. 28.1876 Months WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

during most of working life, even if relired.) S. Gov. UNS G. D. C. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Bess French Queen IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Batchellors Forest Rd 2121 5 ween ROCKUILLE -18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WALAUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour a. n. Not while of work 21. I certify that I attended the deceased from 27 Feb. 19.5 That I last saw the deceased and that death accurred at 12:20 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER oge 3 s 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Washington, D. C. Congressional Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE Wash.D.C. 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR. The S.H. Hines Co., 2901 14th St. N.W. DATE

(Stote)

STOR, CO., TOTAL BUREAU V. & 7261 3 9AM mas to to make ANTHOREGE BE AT 17 TO ME AND ADDRESS. The mark to the seal of the MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO PA

(Stote)

DATE SIGNED

(Stote)

(County)

ON A FARM? YES NO D

Year

19.5

VS A15 (4) 15M 9/SS

CERTIFICATE OF DEATH

BUKERU E

1961 ET 8W. -4

DECENTED

A North Association of the Con-

VS. A15ME(5) 5M 9/55 M

74

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
03169

MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No.

03165

	1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND					2. USUAL RESIDENCE (V	here deced			ce before	admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethesda DOA.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)			d. STREET ADDRESS e. IS RESIDENCE							
	Suburban Hosp.								Y	ES NO A	
CO	NAME OF DECEASED (Type or print)	fin Mari		Middle	Sm	lost	4. DATE OF DEATH	Mer.	L6, 19	Doy 57	Yeor 19
5. 5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER)						YEAR IF	UNDER 24 HRS.			
							Months D	ays Ho	ours Min.		
100	usual occupation during most of working Unkn	life, even if retired)	lone 10	b. KIND OF BUSINESS OR INC	DUSTR	S. Carol		country)	12. CITIZ	USA	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME	- 11			
	1	Unknown				Unkno	בנשמ				
		R IN U. S. ARMED FOI (If yes, give wor or dates of		16. SOCIAL SECURITY NO.	7. R	FORMANT Hall	Si	lver Spri	ng, Ma	•	
ATION	Conditions, if an gove rise to immediately, stating the uncouse lost.	H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO y, which tote couse nderlying DUE TO (c)		COPORATY		OCCLUSION OT RELATED TO THE TERMI	NALDISEAS	SE CONDITION GIV	VEN IN PART	INTERVAL ONSET AN SUC	VAS AUTOPSY ERFORMED?
L CERTIFICATION											
MEDICAL	Hour a.m.	Y Month, Day, Yea	W	d. INJURY OCCURRED 20e. (hile Not while work ot work	PLAC facto	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (Cit	y or town)	(Coun	ty)	(Stote)
				e remains described o			_	nspection ,		1 0	ind find that
	ACTUAL SIGNATURE	Trank 9.	1	Browhai	1	_M.D. CHIEF MEDICAL EX				Di	ATE SIGNED
	EXAMINER'S NAME (Type)	Frank J. B	rogo	hert		DEPUTY MEDICAL I			Mar 19	. 195	57
220	BURIAL CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY Pilgrim Bar	-			nden, Md	or county)		(Stole)
23/	FUNERAL DIRECTORS		IM	ADDRESS Rockville, Ma			BY REGIS		STRAR'S SIGN	NATURE	mhaan

BREEDS TOTALE. Richard Rell Street Corter, Mr. BUREAU V. S.

7201 98 AAM



Hondrille, Ma.

O FUNERAL DIRIC 10

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MONTGOMERY

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

19

Hours

57

Rea. Dist. No

Dovs

12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mr. C. Carney Smith, 202 Indian Spring Drive Silver Spring Meryland INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NOY (County) (Stote) ., 1957, to Treasch 18, 1957, that I last saw the deceased and that death occurred at 3.2. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Colesville Rd. S.S., 22d. LOCATION (City, town, or county) (Stote) MAPLE HARTFORD. MICHIGAN 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE PRING. MARYLA 20 DATE

	THE OF DEATH	ADRITISED	BY OTHER
	TOWN TAXA	esekentok	
a fel three actions.		Thur.	
	141 375	O See - Com-	
	,		taking of the
evind of his edition		2 San Francis (1000 3	
			Committee of the committee of
			Torus (TAN)
	Artina Arrago esta Caracia sa Arrago de Caracia Arrago esta Arrago esta Arrago esta Arrago		
To Oumani		0 F-3 D6	
BUREAU K. K.		p Parine	The first section of the section of
BUREAU K. K.		07200	to a subsect of the s
TZGET SS AAM			
SE SE NAM			

d. NAME OF HOSPITAL (HThe horitalical ocenter.

Year

I director, filed with 2 RAL Die

1. PLACE OF DEATH .. COUNMontgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where-deceased lived. If institution; Residence before admission) b. COUNTY D.C. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Washington

d. STREET ADDRESS

Lost

18 February 1952

14 MOTHER'S MAIDEN NAME

. IS RESIDENCE ON A FARM? 2/18 Hamilton St. N.W. YES NO

Reg. Dist. No.

National Institutes of Health, Bethesda, Md. 3. NAME OF DECEASED (Type or print) James Bryan

Spink B. DATE OF BIRTH

DEATH

4. DATE

19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months

Male White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Minor Child

RURAL and give neorest town)

WIDOWED [

6. COLOR OR RACE 7. MARRIED NEVER MARRIED IN

District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

S. SEX

Edward W.Spink

Bernadette Couture

17. INFORMANT The Medical Record, Clinical Center,

No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)

PART I. DEATH WAS CAUSED BY:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO None

None

DIVORCED T

National Institutes of Health, Bethesda ll. Md. INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if ony, which gave rise to immediate

lying couse last.

couse (o), stoting the under-

IMMEDIATE CAUSE (o) DUE TO

Retinoblastoma

DUE TO

PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c, TIME OF INJURY Month.

Hour o. m.

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.)

(County)

1957 that I last saw the deceased

(Stote)

DATE SIGNED

21. I certify that I attended the deceased from 29 December, 1956, tol7 March

220. BURIAL CREMATION.

ACTUAL SIGNATURE

____, and that death accurred at 2.90M, from the causes and an the date stated above

ADDRESS (Street, city or town, stote) The Clinical Center National Institutes of Health

PHYSICIAN'S Glenn A. Drager NAME (Type)

Bethesda Li, Md. 22c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

22d. LOCATION (City, town, or county) Prince Georges Co., Md.

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Washi

24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

0

FUNERAL FUNERAL Page 3 shou

BUREAU V. E.

DE A IZO ZIM

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF I	HEALTH-BALTIMORE,	18
03172	CERTIFICATE	OF I	DEATH	0.

03168 Reg. Dist. No. 216

	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	COUNTY Montgomern MARYLAND O. STATEM and b. COUNTY ontgomen
E	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ľ	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION ON A FARM? YES NO
1 1	NAME OF DECEASED Type or print) NAME OF DECEASED Type or print) NAME OF DEATH March 18 1957
5.5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Wildows Months Days Hours Min. Text 1. Sex 1. Se
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. (AIRTHPLACE Prote or foreign country) None 12. CITIZEN OF WINT COUNTRY?
12	FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 315 19 - Township of the security of t
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcusomatos intraabdominal ? Murist 175 x DUE TO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b) Celcur Cerculum Culty Z Years (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO []
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 20d. INJURY OCCURRED FINJURY (Home, farm, foctory, street, office bldg., etc.) 19 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram. 3-11-5719, to 3-18.57, 19, that I last saw the deceased
	alive an 3:17:57, 19, and that death occurred at 1:21 A. M. from the causes and an the date stated abave. ADDRESS (Street, city or town, state) ACTUAL SALES (STREET) ACTUAL SALES (
	PHYSICIAN'S EDWARD S. WITOWSKI'JR. BETHESDA 14, MARYLAND 3/18/57
	Burial Cremation, 22b. Date thereof 22c. Name of Cemetery or Crematory 22d. Location (City, town, or county) (Stote) Burial 3/21/57 Parklawn Cemetery Rockville Maryland
_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda, Marylan PATE 3-2/- 5/ Besse M. Jampson

DESTRICATE OF DEATH

BUREAU K. K.

1961 98 AAM

BECEINED

03169

03173 CERTIFICATE OF DEATH

					Reg. Dist,	No. 2/6
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary La	nere deceased lived. If	f institution: Residence	before admission)
Bethesda	(If autside corporate limits, wr neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits Spring	s, write RURAL and giv	re nearest town)
d. NAME OF HOSP OR INSTITUTION The Clin	ITAL (If not in hospitol, give stical Center, F	Bethesda 14, Md.	d STREET ADDRESS 9113 S	Sudbury Ros	ad	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle Alice	Stover	4. DATE OF DEATH	March	21, Year 1957
Female	Y-Thad do a	MARRIED NEVER MARRIED DOWED DIVORCED	September 20,	1908 9. AGE (44 4 4	YEAR IF UNDER 24 HRS. Poys Hours Min.
Secretar	orking life, even if retired)	10b. KIND OF BUSINESS OR INDU Insurance Con Unascertaineol	JSTRY 11. BIRTHPLACE (Stote	or foreign country)		EN OF WHAT COUNTRY
FATHER'S NAME			14. MOTHER'S MAIDEN N			
/ Paul Nil				e McGovern		
(Yes no, or unknown)	'ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT The Med			26. 2. 1
No	ATH [Enter only one cause p		The Clinical C	enter, Bet	thesda 14,	Maryland
PART I. DE	immediate (Dus TO	hymphosane nediasturely	aldonumel	hysph n	ceruical voles +	Smos.
PART II. O' PART III. O' PART I	, (-)	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDIT	TION GIVEN IN PART I	I(o) 19. WAS AUTOPSY PERFORMED?
S ACCIDENT W	AS UNDERIVING TO 20h	DESCRIBE HOW INJURY OCCURRE	ED (Estes seture of injusy in I	Post Lor Port II of item	- 1R)	YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)					
20c. TIME OF INJU Hour a. m. p. m.	10		LACE OF INJURY (Home, form octory, street, office bldg., etc.		(Co	unty) (State)
	that I attended the declarch 21,		n accurred at 2:44 I		auses and an the	st saw the decease date stated above DATE SIGNE
ACTUAL SIGNATURE	Sielie]	(Leper	M.D.	linical Cen		3/21/57
PHYSICIAN'S NAME (Type)	Villiam J.Piep	er, M.D.		nal Institu sda 14, Mar		alth
220. BURIAL, CREMATI BURIAL (Specific	ON, 226. DATE THEREOF 3/23/57	PARKLAWN CEMI	OR CREMATORY ETERY	MONT GOMER	Y, town, or county) RY COUNTY,	MARYLAND
23 FUNERAL DIRECTO	E'S SIGNATURE	y, SILVER SPRI	NG MI	D BY REGISTRAR 2.	46. REGISTRAR'S SIGN	1.
				171	The second	

TO FUNERAL DIF TO HOSPITAL OR

uneral director,

M

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

may be retained by the haspitol ar ottending physicion.

SEUNERAL DIF OR: After this certificate has been signed by the ottending physicion and completely filled in by to page 3 should to detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to the registror prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

			enteres and	
	A 48 48 48 48 48 48 48 48 48 48 48 48 48	eran M	ADMINIT	
	no a ministra Elex	in . If sheard	en jarten fantelin e	
March 28, Joseph	Tayona			
	outerpar 2., 1950 gg		STATE STATE	
	arentle T	White William		
	Auto of the online that		neita inc	
	tropolo (dožbad aethron niek jakonio denbriji e			
X 'A OV	,		torne 1	
BUREAU V. S.	tand feeling of a			
as AAM	yanı di erseden		reselve weren the	
BECEINE				
中心11月2月0				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

STREET, STREET BUREAU V. E. 7591 31 9AM party again of the

4	· · · · · · · · · · · · · · · · · · ·	4
9	18 8	1
0_	di-	1
to.	o o	1
de	a P	1
e	-	
0	£ 5	•
ours	9-6	
ř	o	
2	= s	
1	7 60	
3	e e	
ted	npl	,
000	DO GO	d th
	Pue	de
Ď.	90	fler
ote	, c c	20
ific	hys	3
Ceri	g P	72
£	din ose	i.
dea	ple	j.
e	0 0	*
+	두 는	vel
th.	تَ مِ	3x
res	per E	0
0		- P
7	en	6
0	be be-	Ď.
9	ph ph	DU
	ing bu	re
A	fica the	Ö
S	erti os	Ou,
¥	Se or	noti
45	it it	ref
Z	fter d f	۵۱, ۵
2	. A che	uric
E	E 0 5	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foneral director, page 3 should be received for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 permit be filed with	the registrar prior to burial, cremation, ar remayal, and in any event within 72 harrs after death.
ő	DIRI d b	pric
AL	out out	6
PIT	ERA Ish	istr
OS	NO	reg
I	E E	he
10	5 "	-

VS A1S (4) 1SM 9/S5

	PLACE OF DEATH				MARYLAN		STATE		_		institutio	on: Reside	nce befo	re admiss	ion)
		gomery outside corporate limit	a meita	- IENCT	H OF STAY IN 1		CITY OR TOW	ylan	-		orale Di	UDA1 ==d	0/11/		· ·
	RURAL and give nee		3, WI110			C.					, Write Ki	UKAL ONG	give nec	rest town	,
	ethesda (R			2 de	ays			~~~	ead O	8 X	200				
U	or institution S. Naval	AL (If not in hospital, g Hospital,	ive street of Bethe	sda,	Md.	0	I. STREET ADDR		iverv	iew]	orive	9			FARM?
3	NAME OF	Fire	ıt		Middle		lost		4. DATE		Mon	th	Do		Year
	DECEASED (Type or print)	Lyn			Denise	7	CAYLOR		OF DEATH		Mar		12	,	19 57
5. 5	sex	6. COLOR OR RACE	7. MARR	ED NE	VER MARRIED	8. DA1	TE OF BIRTH		-1 -1	9. AGE (In years			IF UNDE	
F	emale	White	WIDOWE	0 🗆	DIVORCED	10	March :	1957		1031 01	yrs.	Months	2 Doys	Hours	Min.
	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	lane 10b.	KIND OF	BUSINESS OR IN	DUSTRY			r fareign c	ountry)		12. C			COUNTRY
10	ne			Not	ne	-1-11	Maryla	and					U.S		
13.	FATHER'S NAME					14.	MOTHER'S MA	IDEN NA	AME						
B	illy Joe T	avlor				B	arbara a	Jane	Lang	ley					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SE	CURITY NO. 1	7. INFORM	MANT				Addi	ress			
{Te	No. or unknown)	If yes, give wor or dates of si		Ione	F	ather	r, Bill;	y J.	Tayl	or,	(Same	e As	#2)		
-		TH [Enter only one co	use per lin	e for (a), ((b), and (c).]									ERVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	air	162	AL PI	reno	MART	ATO	LEC	TACT	-		ONS	SET AND	DEATH
	7/10	DUE TO	0.0	Mich	,,,		~ M1.)	11.0		1 43	7				
	161.0			0 -									- 4	+3	House
	Conditions, if on	nmediate	CE	RE	BRAL	AL	AIXON							-	1,
	cause (a), stating t	h DUE TO	Α			D.	3 - 5 .		-:						
_	lying couse lost.) (c					YSFU!								
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUT	ING TO DEATH	BUT NOT I	RELATED TO THE	ETERMIN	IAL DISEAS	E CONDI	TION GIV	'EN IN PA	RT 1(o) 1	PERFO	RMED?
CERTIFIC	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOV	Y INJURY OCCU	RRED. (Ent	er noture of inj	ury in Po	ort I or Par	t II of iter	n 18.)				
		,	Inc			BLACE O	E INTERVAL		1000 100						10
MEDICAL	Hour a.m.	Month, Day, Yes	While	JURY OCC	while		F INJURY (Hometreet, office bld			or town)			(County)		(State)
ME	p. m.	19	at wari		ork 🔲										
	21. I certify the	at I attended the	decease	ed fram.	10 Marc	ch	, 19 57 , to	. 12	Marc	h	1957	that I	last so	w the	decease
	alive an 12				and that de		urred at 1:	25A.	M. fran						
				7-7-7	1				DDRESS (S						ATE SIGNE
	ACTUAL	Jamil	<	In.	potar	44.0	U.S. N	aval	Host	oital	. Be	thes	da. I	F . 5M	-12-
	SIGNATURE	1	-)	5	M.D.					2				
	PHYSICIAN'S Da	niel Shupt	ar, L	T, MC	, USN	_	U.S. N	ava]	Hos	oital	, Be	thes	da,	Md.	
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NA	ME OF CEMETER	Y OR CRE	MATORY		22d. LOCA	TION (Cit	y, town, o	or county)		(Stot	e)
F	REMOVAL (Specify)	3-18/25/		Cam	p Hill (Cemet	ery		Car	mp Hi	11,	Alab	ama		
	FUNERAL DIRECTOR	S SIGNATURE	1.		RESS			REC'D	BY REGIST	TRAR 2	45)REGI	STRAR'S S	IGNATU	RE /	
7	· Ce · glungling	Win TEST Wi	SCON	sin A	ve. Bet	thesd	a. Md DA	TE 3-	-12-57	7 4	ha	1.1	1	1	100

CERTIFICATE OF DEATH

		A VENTAGE OF THE
	at the same of the control of	
LESS SEASON DE LA COMPANION DE		
Avil nelvanet, Marina	, _ , _ , _ ,	
that of		
	total terminal	

BIBEVO A. &

7691 A1 8AM



THE MAN AND THE STATE OF THE ST

9

. . . man's, VOG 15, and Language are between their yelling full or 1. the Dievokage But Dievokage Abbertach American and the state of the s M

CERTIFICATE OF DEATH

	03175	CERTIFIC	AIE OF DEATH		Reg. Dist. No.	2/2
1.	COUNTY Montgomons	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b. COUNTY	1210 00 1	nission)
1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	C. CITY OR TOWN (If outs)	ide corporate limits, write RU	RAL and give nearest to	own)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	dress)	d. STREET ADDRESS	mal 1	10	RESIDENCE N A FARM? NO 🔯
	NAME OF DECEASED Type or print) Albert First	Somen Middle	Thompson 4	DATE OF Month	2h- 31-	Year 1957
5. 5	18 Andre Color OR RACE VIDOWED	DIVORCED	B. DATE OF BIRTH March -15-/		Months Days Hou	
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Augusty	DUSTRY 11. BIREHPLACE (Stole or	foreign country)	12. CITIZEN OF WH	AT COUNTRY?
13.	FATHER'S NAME GEORGE Thom	pson	14. MOTHER'S MAIDEN NAM	e Presc	-	
	WAS DECEASED EVER IN. U. S. ARMED FORCES? 16. SC no. or unknown) (If year give wor or dates of service)	OCIAL SECURITY NO. 17.	Clara Hebre	K, Poetesi	alle Me	4
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate coess (a), stating the under- lying couse lost.	for (a). (b). and (c).]	effertie		ONSET AL	BETWEEN ND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO		UT NOT RELATED TO THE TERMINA RED. (Enter nature of injury in Par		PER	AS AUTOPSY RFORMED?
MEDICAL CER			PLACE OF INJURY IHome, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
MED	Hour a. m. While of work	1401 WILLIE	octory, sireer, office blog., erc.)			
	21. I certify that I attended the deceased alive on 1954 ACTUAL SIGNATURE OF MILES NAME (Type))	14 accurred at 11 A AD A		late)	
220		22c. NAME OF CEMETERY Martinsbur		d. LOCATION (City, town/or	county) (S	itote)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Rockville,	240. REC'D 8		RAR'S SIGNATURE	gin

VS A15 (4) 1SM 9/55

BUREAU V.

7801 B 99A

and the second of the second

Pog		direct	led w	
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Pag		erol o	hed for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and 2	
fter d		In fur	P	
urs o		by s	92	
4 ho		u p	l on	
in 2		fille	ges	
with		etely	Po .	
uted		duc	pers	ż
exec		nd co	od uc	deat
e pe		an a	corbc	offer
ficat		ysici	ove	Surs (
certi		d b	Tem	72 hc
eath		endir	lease	thin
he d		e off	en p	nt w
hat 1		oy th	上.	eve
ires t		ned to	ermit	n any
regu	an.	Sign L	sit p	in bu
IOW	ysici	pee	-tron	ol. o
The	d b	has	urial	emov
AN:	endin	icate	the b	0 70
SICI	r otte	certif	00	tion,
PH)	tolo	this	or use	remo
SING	haspital or attending physician.	After	ed fo	riol, cremotian, or removal, and in any event within 72 hours ofter death.
-	-	-	-	12

TO HOSPITAL OR ATTEND may be retained by the h
TO FUNERAL DIFCEOR: A page 3 should.
The registrar prior to buring

VS A15 (4) 15M 9/55

	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME		
ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

03177 **CERTIFICATE OF DEATH**

Reg. Dist. No. 217

03174

1. PLACE OF DEATH o. COUNTY MARYLAND				- 11	2. USUAL RESIDENCE (W) o. STATE		b. COUNTY			mission)
b. CITY OR TOWN	Montgomery (If outside corporate limits,	write c.	LENGTH OF STAY IN	1b	c. CITY OR TOWN (If a		prote limits, write 8	ntgome	ve recrest	town)
RURAL ond give										
d NAME OF HOS	PITAL (If not in hospital, give	a street odd	2 hours		d. STREET ADDRESS	sburg			1 - AC	RESIDENCE
OR INSTITUTION	N				d. STREET ADDRESS				0	N A FARM?
	County Gener	al Ho	spital, In	C	Rt. #1		Road		YES	NO 🗆
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Mor		Day	Year
(Type or print)	Otho		Clar	k	Trundle	DEATH	Ma	rch	19	19 57
5. SEX	6. COLOR OR RACE	- MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
Male	White V	VIDOWED [DIVORCED [11/28/96		lost birthdoy) 60 yrs.	Months	Doys Ho	urs Min.
100. USUAL OCCUPA	TION (Give kind of work do	ne 10b. KIN	D OF BUSINESS OR II	NDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZ	ZEN OF W	HAT COUNTRY
during most of w	orking life, even it retired)					vland		175	SA	
13. FATHER'S NAME	ed Farmer	-			14. MOTHER'S MAIDEN N	V		0,	JR.	
	m									
	Trundle				Margaret	ta				
(Yes, no. or unknown)	VER IN U. S. ARMED FORCE		TAL SECURITY NO.	17. INI	FORMANT		Add	ress		
Yes	War l				Hospit	al Re	cord	141.17		
18. CAUSE OF D	EATH [Enter only one cous	e per line fo	or (o), (b), and (c).]		3				INTERVA	L BETWEEN
PART I, D	EATH WAS CAUSED BY:	1-	to Con	12	rameth	1.01	1		ONSET A	ND DEATH
1120	DUE TO	- 2	1		1 10	1			56	ville
420		CV	uyo ta	ير	ala ong	an	aun			
Conditions, if	immediate									
couse (o), statin	g the under DUE TO									
lying couse los	st.) (c)_									
PART 11. C	OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
CAT										NO Z
PART II. C	WAS UNDERLYING 2	Db. DESCRIB	E HOW INJURY OCCU	JRRED.	(Enter nature of injury in I	Port I or Por	t II of item 18.)			
U (IF EITHER, NOTI	NG CAUSE OF DEATH									
3 20c. TIME OF INJ	URY Month, Day, Year	20d. INJU	RY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	20f (Cit	v or town)	IC.	ounty)	(Stote)
Hour a. s	1.	While	Not while	facto	ory, street, office bldg., etc	-)	,,	lec	Joiny	(31016)
₹ p. m	1, 17	ot work								
21. I certify	that I attended the a	leceased	from Mar.	18	, 195 7, to /	has.	19, 195	Lithat I lo	est saw t	he deceased
alive on 1	101-18	125	2_, and that de	eath o	occurred at 12:35	AM. fra	n the causes o	and on the	e date si	tated above
							treet, city or town,			DATE SIGNED
ACTUAL	Luch Sun	un	melin							
SIGNATURE	TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE			m	.υ					
PHYSICIAN'S NAME (Type)	Jack Schuma	cher.	M. D.		Gait	hersb	urg, Md.			
220. BURIAL, CREMAT	ION, 226. DATE THEREOF	2	C. NAME OF CEMETER	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Speci	3-22-57		Arlineton	N	o t	Arl	ington		Va.	
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			D BY REGIS		STRAR'S SIGN		_
Ernest	C. Gartner	G	aithersbu	irg		21-	1-7 G.	bud	, R-	best.
					DAIE	3.70	1 100	nece		and a

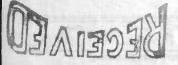
T. T. Stadent			CERTIFICA	
A second political		of cress		escentia nale
		ATCHART	Permanent	Vanite
	been surface	X THE TAX OF THE PARTY OF THE P	oli detical	
n of som		i Social	BraID	op#0
	6	10/60/32 10/60/32	Clausers the	100 2 20 HERO 2 2 1 H
ASD	hond y			Setired Farant
		acupraM		Fast atesT-amas
	Income Let	lgeoff .	a to the same and	
			- 10 mg - 10 mg	
				Company to the distance of the company of the compa
BUREAU V.	9			
A HANGIIS	AND THE PROPERTY OF THE SECOND		Control to the Control	Lat Late Late of the control of the
BECEINE	a produced		T. H H	Triparigina sont Santal

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03052 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Ped I montgomer MARYLAND b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If Mutside corporate limits, write RURAL and give newrest town) RURAL and give negrest town) r 1759 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION lashington Jan tarulm YES NO NAME OF Middle 4. DATE Month Year Day DECEASED 3 DEATH RCIOLA (Type or print) 195 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Days WIDOWED | DIVORCED [YES. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retiged), Us. S. W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a.U MOW A 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Samuel Host INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY other IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate DUE TO cottse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at work p. m 21. I certify that I attended the deceased fram 19 27 that I last saw the deceased and that death accurred at 12:301 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE DIRC 0 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, towar-pr county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

EUREAU V. S.

7201 p. 9AM



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. logant antical

Shelp 112 . M. VELL SINK

7261 6S AAM

00000			Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY MOUNTAGOMETY	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	ceased lived. If institution: Residen b. COUNTY	ce before admission)
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION Washing for Sanidarius	111-11	d. STREET ADDRESS	ranklin Hue	e. IS RESIDENCE ON A FARM? YES NO S
NAME OF DECEASED (Type or print)	Middle U	Lost 4. D.	ATE Month	Day Year 29 19577
		B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. KI	nd of Business or Industry tor U.S. Gov	STRY 11. BIRTHPLACE (State or fore	eign country) 12. CIT	IZEN OF WHAT COUNTI
3. FATHER'S NAME Soln F. WoL.	61	14. MOTHER'S MAIDEN NAME	Ella Stu	nkle
(Yes, no, or unknown) (If yes, give war or dates of service)	None 7	NFORMANT rs. Olive M. U.	Address Address days	op for
Conditions, if ony, which gove rise to immediate costs (o), stoling the <u>underlying couse lost.</u> PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES TO NO D
PART II. OTHER SIGNIFICANT CONDITIONS COL	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I o	or Port II of item 18.)	165 NO D
Hour o. m. While	URY OCCURRED 20e. PL. Not while at work [ACE OF INJURY (Home, farm, 20f. tory, street, office bldg., etc.)	. (City or town)	County) (State
21. I certify that I attended the deceased alive on War 29, 195			from the causes and an th	last saw the decease he date stated above
SIGNATURO PM 7. anaro	ew?	M.D. 960/Collevi	SS (Street, city or town, stote)	Mar 29-
PHYSICIAN'S OHN N. And rev	US 22c. NAME OF CEMETERY O	Silver S	SCATION (City/town, or county)	Md (Stote)
BENEVAL Specify) 4/1/57	CONGRESSIONAL	CEMETERY W.	ASHINGTON, D.C.	7
3. FUNERAL DIRECTOR'S SIGNATURE	SILVER SPR	ING, MD. TO BY R	EGISTRAR 246. REGISTRAR'S SIG	NATURE JOHN

may be retained by the hospital or attending physicion.

TO FUNERAL DIR-2 DR: After this certificate has been signed by the ottending physician and completely filled in by the Varend director, page 3 should by the decided for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 standard be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4. TO HOSPITAL OR VS A15 (4) 15M 9/55

APR 3

BUREAU V.

Competence of the second

00100				Keg. Dist. No
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission)
	ength of stay in 16	c. CITY OR TOWN (IF or	ulside corporate limits, write RUF	
d. NAME OF HOSPITAL (If not in hospitol, give street addre OR INSTITUTION R.F. D. Germantown		d. STREET ADDRESS R.F.D.	Germantown	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Arthur	Middle I. W	atkins	4. DATE Month	Doy Year 16 1957
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II	FUNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) Retired Dairy Farmer O	of Business or Indu	STRY 11. BIRTHPLACE (Stole of	or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		ODA.
Noah Watkins		Julia I	Linthicum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes. no. or unknown) (If yes, give wor or dates of service) NO		nformant rs Esther P.	Addres	ermantown Md.
Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. Conditions, if any, which gave rise to immediate cause (b). Conditions, if any, which gave rise to immediate cause (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTR	PURITING TO DEATH BUT	NOT DELATED TO THE TERMIN	out Disease CONDITION CINE	on 15 year
CAR				PERFORMED? YES NO
	HOW INJURY OCCURRE	D. (Enter nature of injury in P	pri i or Fori II of item 18.]	
Hour o. n. While	OCCURRED 20e. Pl Not while at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceased from alive on May. 6, 1957	om May , and that death			that I last saw the deceased on the date stated above the DATE SIGNE
PHYSICIAN'S Jack Schomaci	her, M.D.	Duthe	rebrug Me	7.
Burial March 19,1957	Salem Me		22d. LOCATION (City, town, or Cedar Grove	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Damascus	240. REC'D	BY REGISTRAR 24b. REGISTE	RAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or attending physicion.

2R: After this certificate has been signed by the attending physicion and completely filled in by the ocher for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 burial, cremation, or remayol, and in any event within 72 hours ofter death. TO FUNERAL DIRFY
page 3 should be TO HOSPITAL OR VS A15 (4) 15M 9/55

M

I

be filed with

I IS MANUAL STREET	DADPHTHO		
THE RESERVE THE PARTY OF THE PA		rorgid cultura	
		STATE OF THE STATE	
Bound I . M. mortigated			History Committee
and the state of t			
Committee than to the party of the party of			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03180

CERTIFICATE OF DEATH

03179

	Keg. D	131. 140.
1. PLACE OF DEATH o. COUNTY M ontgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	ince before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Weeks	c. CITY OR TOWN (If outside carporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) St. Philomena Rest Home	d. STREET ADDRESS 4I Adams St. N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) Francis C	Webb 4. DATE Month OF DEATH March I	Day Year 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Sept, 27 1866 9. AGE (In years IF UNDER Months yes.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Md,	TIZEN OF WHAT COUNTRY
Francis I Webb	14. MOTHER'S MAIDEN NAME Unknown	
[Yes, no, or unknown] I (If was give wor or dates of service)	Francis W, Webb Silver	Spring Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last. (c) (c)	rlitis'	INTERVAL BETWEEN ONSET AND DEATH Syns.
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR D. (Enter nature of injury in Part I or Part II of item 18.)	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (ctary, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from 753 alive on Month 10, 12,57, and that death ACTUAL SIGNATURE PHYSICIAN'S A W 5 M 1 TH	M.D. 4601 /6 ST Market	last saw the deceased the date stated above DATE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL March 14 Layton svil 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	le Laytonsville	(Stote) Md a
Kay W Sarker Laytonsville,	Md. DATE 3-19-57 4011	

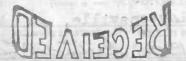
erol director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the describing be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be accorded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.7, the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

NEASO TO STADRILLED St. and self cont.

BUREAU V. &

7201 IS 9AM



Lista MOSMALI MANAGENTAL

THE AUTORS SHEDDES SUGARES

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BECEINED

7691 81 8AM

V HAUGHS

Company of the second

Wishesternick . A. Drendett

CERTIFICATE OF

73.

PLOS S

in by &

03182 M uneral director, Id be filed with requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	0	21	91
	- 17	3,1	OT
Diet	No	1	11.

					Keg. D	7137. 140.	10
1, PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (V			ence before admis	ilon)
b. CITY OR TOWN (If outs Bethesda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate lim	its, write RURAL and	d give nearest tow	n)
d. NAME OF HOSPITAL (III OR INSTITUTION The Clinical	f not in hospitol, give struce. Center, Be	thesda 14, Md.	d. STREET ADDRESS 3830 1	N. 30th Ros	ıd	ON	SIDENCE A FARM? NO []
3. NAME OF DECEASED (Type or print)	Donald	Middle Foster	White	4. DATE OF DEATH	Month March	5,	Yeor 1957
	White	ARRIED NEVER MARRIED DIVORCED DIVORCED	November 15	,1915 9. AGE	(In years IF UNDE birthday) Months		ER 24 HRS. Min.
100. USUAL OCCUPATION (Control of working I	Give kind of work done 1 ife, even if retired)	U. S. Navy	USTRY 11. BIRTHPLACE (SIO	te or foreign country)	12. C	U.S.A.	COUNTRY
13. FATHER'S NAME Thomas White			14. MOTHER'S MAIDEN				
15. WAS DECEASED EVER IN (Yes no or unknown) (If yes. WW	4		informantThe Med	dical Recor		, Maryla	nd
Conditions, if any, y gove rise to imme couse (o), stoting the y lying couse lost.	DUE TO which diole DUE TO Cc) Cc)	the flavolant Contribution Malignant Ca Peng gain gue IS CONTRIBUTING TO DEATH BL	ally reserte	lastation from the second	Eurise Steward Steward In Partition GIVEN IN PA	PERFO	
200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Port 1 or Part II of it	em 18.)		
20c. TIME OF INJURY A Hour o. m. p. m.	W		PLACE OF INJURY (Home, for octory, street, office bldg., o	orm, 20f. (City or townste.)	n)	(County)	(State)
ACTUAL SIGNATURE APHYSICIAN'S NAME (Type)	Clar H. Lev	t Levy	h accurred at 9:0 M.D. The Cline Nation Bethese	ADDRESS (Street, ci inical Cent al Institut da 14, Mary	ty or town, state) ter es of Heal yland	the date stat	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	3/8/57	Arlingto	n Nat.	Arlin	ity, town, or county) 18ton, V 24b. REGISTRAR'S S	a.	le)
23. FUNERAL DIRECTOR'S SIG		ADDRESS Datharda	240. RE	C'D BY REGISTRAR	13	10	Com.

may be retained by the haspital ar attending physician.

TO FUNERAL DIPPOROR: After this certificate has been signed by the attending physician and campletely filled page 3 should retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) ISM 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

MIAIG TO STADRITED

		TAVEUDED	204 M
and the			
	and the second s	bygo IIS	
	heat date it will		e , rednos ter bill of
	Morall Carlo Carlo		
+	TAM aut. Interess		bald plat
HIT HARRY	Total Company	Carrier Street	
	distance operation		Maria site
	on a bridge Landbert adverse		
		STATE	record agreement agraphics

BUREAU K. E.

VY & 1025

DECENTED

Allto H. Levy, M. P.

15M 9/55

Vieness fold

Santor Carlo Tomale

fortgadi taronav vimos vranosinos

to the real

A You of Harantan Ho

1961 ST AAN.

BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03184

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Mo	ntgomery		MAR	YLAND	2. USUAL RESID	ENCE (Whe	ere deceased	lived. If instr b. COUN		nce before	admissian)
b. CITY OR TOWN (II RURAL and give no Silver		ts, write	c. LENGTH OF STATE	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Washington					st tawn)	
d. NAME OF HOSPIT OR INSTITUTION 13,301	Sherwood F				d. STREET AL		ct St	reet, l	v.w.		IS RESIDENCE ON A FARM? (ES NO 2
3. NAME OF DECEASED (Type or print)	FLORA	st	STEELE	e	WILSO	N	4. DATE OF DEATH	MARC	Month H	14 ^{Day}	Year 19 57
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRI	D NEVER MARK		8. DATE OF BIRTH Oct. 29,			AGE (In ye last by the			UNDER 24 HRS.
10a. USUAL OCCUPATION during most of wark Home make	ting life, even if retired		Own home	OR INDUS			ylvani			S.A.	WHAT COUNTRY
13. FATHER'S NAME Samuel R	. Steele				14. MOTHER'S I		AME				
1S. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of se		social security No		res. James	W. J		3,301	The state of the s		
PART I. DEA 3 3 2 X Conditions, if or gave rise to it code (o), storing lying cause last.	mmediate (C	erebrat verbrat mrollze	l a a	throw terior thrise NOT RELATED TO	les pell pell THE TERMIN	es prose	mul	Spring Lifely GIVEN IN PAR	7 INTERVONSET 5	AL BETWEEN AND DEATH + GENE + GENE Tylens WAS AUTOPSY PERFORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature af	injury in Po	art 1 or Part I	II of item 18.)	erc'n	Y	ES NO P
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	While of work	Nat while at work	20e. PL/ foc	ACE OF INJURY (H ctory, street, office	ame, form, bldg., etc.)	20f. (City o	ar town)	(Caunty)	(State)
	at I attended the Netrick 13 Attitus Portoff	decease , 12 -		t death	occurred at_	7200		the cause pet, city or to	s and an t	last saw he date	the deceased stated above DATE SIGNED
22a. BURIAL, CREMATIO REMOVAL (Specify) Removal	March 14		22c. NAME OF CEA	AETERY O	R CREMATORY				n, ar county) Penna		(State)
23. FUNERAL DIRECTOR	S. SIGNATURE	Dec	ADDRESS	Spri	- MA	24a. REC'D			GISTRAR'S SI		(L)

Wind Arviers (18, 21 med 7 rets) The they were a post of the declared actioned days English attractions BUREAU V. S. Sect 18 AM Years 1967 Peter Helbert 3000 Dest M. J. of the 16 or to 16

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

VPR ₹ 1957



filled and

campletely

physician

attending |

by permit. any

haspital ar attending physician. After this certificate has been signed

burial-transit remayal.

as the

by In.

P

the registrar

cian and camplete carbon papers.

remove

please

CERTIFICATE OF DEATH

03185

Reg. Dist. No. 2/6

ır,	ţ.				
Ctc	- X	/		1	
funeral directar	uld be filed	1	M	1	
-	1		AP	1	
erc	Pe	-	-	/	
Sun	P				
7	1				
2			1	1	

03 85 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town)
Bethesda Chevy Chase h davs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 7217 Oakridge Avenue The Clinical Center. Bethesda 14. Md. NAME OF 4. DATE Lost Month

e. IS RESIDENCE YES TI NO Wolf March Roberta Sarah DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX las hday) August 18, 1911 Months Days Female DIVORCED White WIDOWED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Teaching U.S. A. Massachusetts 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Harry Gordon

No

Esther Elkin

17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland

18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAU IMMEDIATE		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO hungatilectaris, Ophrenie N paralysis + DUE TO metastatic Carcinonia, wilespread, of bula	5 years.
PART II. OTHER SIGNIFIC.	INT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED Not while ot work at work

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

March 17, 1957 to March 21, 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 9.45 A.M. from the causes and an the date stated above. alive an March ADDRESS (Street, city or town, stote)

PHYSICIAN'S William J. Pieper, M2D.

The Clinical Center National Institutes of Health

Bethesda 14, Maryland

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify) Burial

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) King David Memorial Garden Falls Church, Virginia

DATE 3 - 25 -5

23. FUNERAL DIRECTOR'S SIGNATURE B. Danzansky & Sons - 3501 14th St., N. W.

24b. REGISTRAR'S SIGNATURE 24g, REC'D 8Y REGISTRAR

VS A15 (4) 15M 9/55

may be retained I

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

granda inches final (mV) and grandated in anast care the same a The Climical Cantar, Cabragas li, No. | VERY Chariford Systems | All daries arrested daries daries Aut At remark Teachin mall the same and the as 100 trained to the common of the common o 219- (-8319 | 1m littles Coffee, both sta lu, hamyland BUREAU V. S. 1921 BS AAM

O HOSPITAL

VS A15 (4) 15M 9/55

BUREAU V. S.

7201 31 9AM

BECEINED

PERSONA

VS. A15ME(5) 5M 9/55 M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03185 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03187 Reg. Dist. No. 216

g. COUNTY			Where deceased lived.		ice before admission)
Montgomery	MARYLAND	a. STATE Maryla	and b. c	Monte	omery
b. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corporate limit	s, write RURAL and	give nearest town)
	27 days	2.6 Rockv	ille		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	9 Frederic	k Avenue	e. IS RESIDENCE ON A FARM?
Suburban Hospital		Genera	al Delivery		YES NO
3. NAME OF First	Middle	Lost	4. DATE	Month	Day Year
OFCEASED (Type or print) JOYCE	Ann	Yoklev	OF DEATH	3- 26	19 577
		DATE OF BIRTH	9. AGE (In	years IFUNDER 1	
Female White WIDOWED	DIVORCED	factorit 6/9	/50 lost birthd	yrs. Months D	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDUSTR			12. CITIZ	EN OF WHAT COUNTRY?
during most of working life, even if retired)		Downood	Maryland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I			0 1 1 1
James Yokley			Rebecca P	a de	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.	AL SECURITY NO. 17 INC	FORMANT		Address Rotelett	lle Ma
(Yes, no, or unknown) (If yes, give war or dates of service)					,
		es Yokley (:	father) 9 F	rederick	
18. CAUSE OF DEATH [Enter only one cause per line for (a					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Kidney	Insuffiency	7			
916 O DUE TO					1 month
Conditions, if any, which) (b) Extensi	ve 3rd degre	e burns inv	olving shou	+ 654 00	hoda
gove the la immediate cause		7	0.000	0 0 0 01	DOOLY
(o), stating the underlying DUE TO					
	BUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI					PERFORMED?
200 EXTERNAL CAUSE WAS 200 DESCRIBE HOL	W INJURY OCCURRED. (Ent	ter neture of injury in Ba-	4 1 B+ 11 18		YES NO
206. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CONTRIBUTING CONTRIBUTION	V HAJORT OCCORRED. (EIII	and the distribution of the control	a		
Clathina	occupation	while play.	in at trash	fire	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour 20c. m. 4:30 p. m. 20 / En/9 of work 0		E OF INJURY (Home, formy, street, office bldg., etc.), 120f. (City of lown)	Coun	ity) (Slale)
₹ 4:30 p.m. 2/27/879 al work		home	Donle	Mon.	tg Md.
21, I certify that I faak charge of the remo	ains described abov	e, held an Autaps	y X, Inspection	n , Inquiry	, and find that
death resulted from: Natural causes,	Accident Suici	ide 🔲, Hamicide	Undetermi	ned cause .	
0- 0					
SIGNATURE Trans & Souss	bast	M.D. CHIEF MEDICAL EX	KAMINER [7]		DATE SIGNED
SIGNATURE		ASSISTANT MEDIC			
NAME (Type) Frank J. Broschart		DEPUTY MEDICAL		2 /2	
				3/2	
REMOVAL (Specify)	NAME OF CEMETERY OF C	PEMATORY	E22d LOCATION ICh.	former or country	6/57
Burial 3-28-57	NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City,	town, or county)	6/57 (Slote)
22 CILLEDAL DISCOVOC CICALATURE	Roaleville 1	Union	Rockydll	- Tul	2
	NAME OF CEMETERY OR C ROOK VILLO I ADDRESS IT THE PROPERTY OF C	Union 240. REC	Rockvill	town, or county)	2

1961 I 4dV

BUREAU V.

desired to the lateral to the degree house tower was about the fall of

Destroy | Deserted

- was evidently to the ball version somet-

wage Plant Tought They

Parking Control of the Control of th

. IS RESIDENCE

ON A FARM?

YES NO

Year

19

Reg. Dist. No. 2

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

U.S.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

Days

(County)

Months

240 REGISTRAR'S SIGNATURE

DATE

VS A15 (4) 1SM 9/55

2051281XV2

DESTRICATE OF DEATH

HERETE GENERALISTIE

vine gas antes

The Part of the State of the St

AH- III N

BUREAU V. S.

YPR I 1951

DECENTED